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Dissertation

THE PLACE OF GRIEF WORK IN MENTAL HEALTH

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by

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(Hillsdale College, A. B., 1934;  
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Submitted in partial fulfillment of the  
requirements of the degree of  
Doctor of Philosophy

1948





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Approved

by

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## CHAPTER I

### INTRODUCTION

In recent years some psychiatrists and consulting psychologists have become increasingly interested in grief as a problem in mental health and psychosomatic pathology. This interest was born of a deepening awareness that bereavement is a traumatic experience and that people need help in meeting it. In the past help has not always been forthcoming and unfortunate results have sometimes followed. These practitioners have sought to find out what grief is, and how it might best be dealt with so as to make for a minimum psychological disturbance. In so doing, they have reached certain conclusions which might well be considered by clergymen. The pastor has a unique relationship to many of the bereaved, and if qualified, might be able to do grief work which would be highly therapeutic.

### I THE PROBLEM

The problem of this study is (1) to find as accurately as possible the role that grief does play in disturbing mental health: (2) to find what psychiatrists and psychologists as well as clergymen are doing by way of therapy: and (3) to analyze these findings to see what they indicate for pastoral therapy for grief.





Bereavement and grief come sooner or later to everyone. The reaction to them varies with the individual differences of the bereaved and the differences in the grief situations. Pastoral treatment of grief varies a great deal according to the temperament and training of the clergyman. The problem is to harmonize these two, the variations of treatment with the variations in reaction rather than to have it depend on the personality of the pastor. It is to be expected that if therapy can be made to match the disturbance more wholesome results will be obtained.

## II. THE IMPORTANCE OF THE PROBLEM

The importance of the problem is indicated by the prevalance of grief situations. It has been discovered that grief may result not only from death, a common experience in itself, but from all kinds of "going away" situations. This was emphasized during the war when family separations led to grieving. Wives whose husbands went into service found themselves grieving over their losses. The individual who leaves the familiar and becomes "homesick" is experiencing grief, and thus a camp counselor may find himself with a grieving boy on his hands.<sup>1</sup> A mother whose

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1. Here and elsewhere the investigator is





children have grown up, and permanently severed their dependence role may grieve for the old relationship.

Another possible cause of grief is promotion. This has been ably described by Miss Greer.<sup>2</sup> A promoted person may lose his superior, his work companions, and all work relationships which he has built up. By changing his working hours, and hence his travel schedule he may lose contact with the commuters with whom he has traveled. He may get more money and move to a new geographical location, buy a better house and lose his old role. His new job may even take him to a new section of the country with a change in social patterns. When a man is promoted he may lose many people at once, and his grief reaction may be quite pronounced.

Being jilted is another possible cause of grief. A young woman has become emotionally tied to her lover, and then he leaves her. She finds herself filled with disillusionment and self blame. There is a disruption of plans and an inability to formulate new ones. These

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indebted to Rollin J. Fairbanks, Director of the Institute of Pastoral Care, Massachusetts General Hospital, Boston, 1947.

2. Here and elsewhere the investigator is indebted to Ina May Greer, Research Associate in Psychiatry, for help received in interviews and informal discussions, Massachusetts General Hospital, Boston, 1947.



children have grown up, and consequently beyond their  
dependence upon the father for the old relationship.  
Further possible causes of trial is the  
fact that even the father of the child, a pro-  
posed father may lose his capacity, his own contribution  
and all work relationship which he has built up. By  
changing his working hours, and hence his social relationship  
he may lose contact with the community with whom he has  
contacted. He may not have money and may not be able to  
maintain himself, for a better home and a new life.  
His wife, his children may even take him to a new com-  
munity of the country with a change in social relations.  
Then a man is prevented by his own loss of ability to work,  
and his trial period may be his own period.  
Being ill, or having possible causes of trial,  
a young woman has become socially ill in her own  
and soon he leaves her. The child may be ill and  
significantly and well known. There is a disruption  
of place and an inability to form a new one. Thus

indicated in Kellie A. Williams, Director of the  
Institute of Social Work, Massachusetts General  
Hospital, Boston, 1947.  
The fact that even the father of the child, a pro-  
posed father may lose his capacity, his own contribution  
and all work relationship which he has built up. By  
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are the manifestations of a grief situation. This is amplified in divorce where the ties have been closer and hence the break is more pronounced. It may also be manifest in betrayal even though there may be no actual separation. A woman finds that her husband has been unfaithful, and something dies in their relationship even though they go on living together. There is bereavement and grief.

Grief is also present in such experiences as a miscarriage or giving birth to a still born baby. It may be severe in the case of a loss of part of the body such as a limb or a colon. The death of a pet animal may bring an especially acute grief reaction.

A final word in the prevalence of grief should be made in reference to what Dr. Lindemann<sup>3</sup> has called anticipatory grief. It is illustrated by those cases in the war where a wife has been so fearful of her husband's death that she actually experienced the grief of it, and found herself embarrassed by his return. Chaplain Burns<sup>4</sup> reported a case in which a patient

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3. Erich Lindemann, "Symptomatology and Management of Acute Grief", The American Journal of Psychiatry, 101 (September 1944), 147.

4. James H. Burns, Chaplain, Massachusetts General Hospital, Boston, Massachusetts; in a group discussion during the Institute of Pastoral Care, Summer Session, 1947.







in facing a very serious operation had done anticipatory grief work for himself until, finding himself alive after the operation he was unable to believe it. Only after repeated interviews with the chaplain was the patient able to accept his own existence and to turn his attention toward recovery.

The importance of the problem being studied is further indicated by the need that the bereaved has for aid. More will be said about the needs of the bereaved in chapter six. It will be well to mention here, however, that the bereaved often does need the help of other persons. To overcome his grief the bereaved may need to emancipate himself from bondage to the deceased. To do this he needs to talk. He needs to express his sorrow and his sense of loss. "By the mere act of talking the mourner reviews his memories, releases his tensions, frees himself in part from his loved one, interacts with a living person, and forms a new or strengthens an old relationship."<sup>5</sup> By talking he verbalizes any feeling of guilt which he may have concerning real or imagined failures in his relationship to the deceased. Psychiatry stresses the need for expression of feelings that release of tension

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5. Ina May Greer, personal notes, used with permission, Boston, 1947.





may take place, and there might be no outbreak of suppressed emotions in disguised forms.

Talking is a form of activity, and by talking the person may work off some of his grief. Furthermore when we talk we usually expect a listener. And as soon as we have a listener to whom we talk, we have entered into a new activity, a new human relationship, a shared pattern of behavior. Two things have been accomplished; an emotion has been expressed and tension lessened, and a new pattern of conduct has been formed.<sup>6</sup>

This last quotation indicates another facet of the way in which the bereaved may need help--in forming new relationships. His old world as he knew it in the past has broken down. He needs to make new ties--to establish new relationships to replace those that are gone--to build a new pattern of life. This he can not always do alone. He needs the interested attention of emotionally mature persons to support him.

The importance of the problem being studied is further indicated by examining some of the results of improper grief work. The investigator was sent for by a patient who had seen him on the ward in one of the Boston hospitals. In the first twenty minutes of visitation she told her life story. She had an older brother who had died some eight years before of a prolonged diarrheal condition. Soon after his death

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6. Ina May Greer, "Aid for the Grief Stricken", unpublished manuscript, Boston, 1947.





the patient developed similar symptoms, and through the years had recurring attacks which grew progressively worse, until, now as she neared the age of her brother at the time of his death, she was critically ill.

Hospital doctors could find no organic cause for her illness. Psychiatrists have found that one result of unrelieved grief is the identification of the bereaved with the symptoms of the deceased.

Further results of inadequate grief work will be discussed in chapters three and five, but it may be added here that among these results are psychosomatic disorders, excessive or continued hostility, the assumption of the role of the deceased as, e.g., the 'masculine' type woman who lost her father about the time of puberty, and the loss of behavior patterns so that the bereaved is unable to function in creative work.<sup>7</sup>

### III DEFINITION OF TERMS

Certain terms which will be used in this study need special delineation. In each instance some ambiguity has been observed in the use of the term

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7. Erich Lindemann, as reported by Seward Hiltner in typewritten notes on a meeting of the Commission on Religion and Health of the Federal Council of Churches of Christ in America, New York, October, 1946.





so an attempt will be made to explain its use here.

The first word to be considered is bereavement. Sometimes this has been used loosely as interchangeable with grief. In this study, however, its use will be restricted to a general description of the event which takes place, as over against grief which is the emotional reaction to the event. On the other hand, common usage limits bereavement to the death of a loved one. Here it will be broadened in two ways. As has already been indicated in the statement of the importance of the problem, bereavement may be involved in any "going away" situation where a personal relationship is broken. Lindemann makes bereavement synonymous with "the sudden cessation of social interaction."<sup>8</sup> This is broad enough to cover the various separation situations described above and to suggest the second area for broadening the use of the term, namely, that in the breaking of a personal relationship the key factor is the intensity of the relationship rather than the affection involved. A woman who constantly fights bitterly with her husband may be the victim of bereavement more than another woman who loses one for whom she has affection, but to

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8. Erich Lindemann, "Symptomatology and Management of Acute Grief", 141.





whom she does not have as close a personal reaction. Bereavement, then may be defined as a rather sudden breaking of the ties of an interpersonal relationship.

Grief, on the other hand, is, as indicated above, the emotional reaction of the individual to bereavement. It is an emotion as is indicated by the usual somatic manifestations accompanying it.

During the early period of grief, the first stage, certain changes go on within the body. Waves of acute distress overwhelm the mourner when he thinks of the lost person or hears his name. He may cry--or he may not. His throat tightens. He has a load on his chest. His breathing is disturbed, he gulps in long sobbing sighs as though he were hungry for air, and then for a moment seems not to breathe. He can't eat, food seems to stick in his throat and choke him; he has no appetite. His abdomen feels hollow; bowel and kidney action may be changed. All activity is an effort; he climbs a flight of stairs or walks to the corner and is exhausted. Nothing has any meaning, everyone seems far away.<sup>9</sup>

This acute distress is of limited duration, but is of recurring nature. It may be brought on by a discussion of the departed, or by any situation which reminds the bereaved of the lost one. During the interval between these acute periods there may be lesser distress during which the bereaved continues to search for the lost person,<sup>10</sup> or lives in the

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9. Ina May Greer, "Grief Must be Faced", Christian Century 62, (February 1945), 270.

10. Ina May Greer, "Grief and Visceral Changes",





presence of a static image of him. It is this emotional reaction to bereavement that is meant by the term grief. Further discussion of the total picture of grief reactions will be undertaken in chapter five. A further discussion of emotion follows.

Emotion has been defined by Johnson as "...the qualitative experience of tension toward goals."<sup>11</sup> This is a summary statement which draws together voluminous studies of emotion that often have been confused and contradictory. Certain salient considerations emerge, however, which have point for this study. One is that in emotional reactions certain physiological changes are involved. The work in this area is probably best summarized by Prescott.<sup>12</sup> He points out that "Light emotional shock which implies the need for greater alertness, is tonic to normal bodily processes."<sup>13</sup> However, strong emotion, which prepares the body for vigorous action, becomes disruptive in an emotion such as grief where no action is possible.

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Personal notes, used with permission, Boston, 1947.

11. Paul E. Johnson, Psychology of Religion, (New York: Abingdon-Cokesbury Press, 1945), 50.

12. Daniel A. Prescott, (Chairman), Emotion and the Educative Process, (Washington, D.C. American Council on Education, 1938), 10-61.

13. Ibid, 51.





This helps to identify grief as an emotion and to understand the process leading to psychosomatic disorders resulting from grief as will be discussed in chapters three and five below.

Another aspect of emotion is that it certainly involves feeling. Whether the physical reaction comes first with the emotion as an awareness of this change, or the feeling precedes the change, or the two are interacting which seems most likely, it is not necessary to decide here. It is only necessary to note that emotion involves feeling and hence is a conscious phenomenon. Thus grief can be denied and delayed by being repressed from consciousness. Thus, too, the intense pain of bereavement becomes a barrier to grief work as the bereaved seeks to avoid it.

Johnson<sup>14</sup> brings out another important aspect of emotion, namely, that it is intricately tied up with goals and values. It is as a situation has meaning for the individual that it gives rise to emotion. Thus, "A child knows not whether to laugh or cry at a parental slap until it is clear whether it is a 'spank' or a 'love pat'."<sup>15</sup> When the meaning of a situation

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14. Paul E. Johnson, Psychology of Religion 49-57.

15. Ibid. 51.





for the individual becomes clear the emotional reaction is qualified accordingly. There is a unity of psychological experience with ideas and emotions going together.<sup>16</sup> The intensity of the emotion is increased by the increase of tension when a value is threatened that carries great significance for the individual.

To be emotionally aroused is to feel with the whole body from the tips of the toes to the roots of the hair impulses that interact with conscious ideas and judgments of need and value. If in any situation one decides it does not matter, the emotion subsides. If he sees purposes threatened and thwarted, he is stirred up to excited responses of the total personality to defend his values.<sup>17</sup>

In grief where a relationship that has great significance for the individual is broken, and the individual can not do anything about it a strong tension is set up, and strong emotion is felt.

Passive sorrow, grief, or despair seem to arise from frustrations experienced under conditions which force the individual to feel that he is completely powerless in the face of circumstances.<sup>18</sup>

Part of the therapy for grief lies in helping the individual to develop insights which show him something he can do to compensate in part at

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16. This idea was developed and elaborated in a seminar in Psychology of Religious Emotions conducted by Professor Paul E. Johnson at the Boston University School of Theology, 1946.

17. Paul E. Johnson, Psychology of Religion, 51f.

18. Daniel A. Prescott, Emotion and the Educative Process, 27.





least for the values which he has lost.

Two thoughts about emotion contributed by the psychoanalytic field should be brought out here. The first of these is that memory of a painful experience which has not previously been reviewed is likely to bring back the emotion which accompanied the experience. When some individual or circumstance serves to bring back memories of the lost one the bereaved may experience all the discomfoting emotional reactions which he had at the time of the loss. This may cause the individual to suppress all memories as he did in the beginning, but if he can be led to face them it provides a means of therapy as the bereaved experiences the emotion and thus releases it.

The second significant point to be taken from psychoanalysis is that when a suppressed emotion is released other emotions associated with it are likely to be released with it. "When we begin to mourn the loss of a loved one, we also feel the anger we had toward him."<sup>19</sup> This anger may express itself in hostility toward others, or it may turn towards the bereaved himself and lead to self reproach for having such feelings toward the lost. Thus the problem of grief work may become seriously complicated by strong

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19. Ida May Greer, "Aid for the Grief Stricken."





emotional distress which may even be suicidal.

Grief work is the process of working through grief. It consists in facing the fact of loss, and in readjusting one's life to an environment from which the lost is gone. Lindemann sums it up in three steps- "emancipation from the bondage to the deceased, re-adjustment to the environment in which the deceased is missing, and formation of new relationships."<sup>20</sup> The work must be done in that order. Until there has been emancipation there can be no adequate adjustment nor adequate new relationships. Grief work will be discussed further in chapter six, but here it is necessary to emphasize that grief work is the process of reliving one's relationship to the lost until the pain of grief is sufficiently mitigated to enable the bereaved to make wholesome adjustments to his new world.

Mourning is used ambiguously in literature and one has to judge from the context often times what is meant. Hinsie and Shatzky say, "It appears that mourning is used as the equivalent of grief."<sup>21</sup> Greer, on the other hand in summing up Melanie Klein reports her

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20. Erich Lindemann, "Symptomatology and Management of Acute Grief", 143.

21. Leland Hinsie and Jacob Shatzky, Psychiatric Dictionary, (New York: Oxford University Press. 1940), 357.





description of mourning as working through memories of the deceased, reviewing them, reliving them, and gradually loosening the tentacles of affection surrounding the lost person so that there will be emotional warmth and energy freed for new friends, new activities, new achievements.<sup>22</sup> This equates mourning with what is meant in this study by grief work. Because of this ambiguity in the use of the term mourning it will be replaced in this paper by the two terms, grief, or grief work except as it is used in quotation. It seemed necessary to emphasize here these two uses of the word, however, because of the frequency of its occurrence in literature. When it is used in quotation an attempt will be made to indicate by the context which meaning of the word is intended.

#### IV METHODS OF RESEARCH

The basic method of this study is to find what those working with bereaved persons are actually doing. The most significant work is being done by psychiatrists, so the main emphasis is on their work. Before proceeding to this field, however, notice is

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22. Ina May Greer, "Aid for the Grief Stricken."





taken of religious practices relative to the dead. A brief historical survey is made to discover how truly certain early religious practices seemed to perform, unconsciously, the psychological functions now considered necessary to mental health by modern research workers.

Present day clergymen deal with the bereaved, and professional books carry teachings relative to working with them. Some writing has been done by institutional chaplains who have been in contact with medical men, and thus have developed deeper psychological insights. Most of the pastoral writing is based on a theological approach, however, rather than a psychological one. Our procedure is to examine this literature and to find what is being done by leaders among the clergy.

To find out what is actually being done in pastoral situations our study includes data obtained from questionnaires developed by Rollin J. Fairbanks, and answered by clergymen of several denominations in rural and urban areas scattered widely over the United States. These returned questionnaires have been turned over to this investigator for tabulation, analysis, and summarization. They are discussed in detail in chapter two.





The first phase of the psychiatric study is a survey of literature. As has been mentioned above, and as will be developed further in chapter three various pathological states result from delayed or improper grief work. Various studies reported in journals and books indicate symptoms which have been discovered to indicate a failure to do grief work and therapies that have been used to make up this lack. This survey brings out, also, conclusions that have been developed to explain grief and its treatment.

To bring this study up to date and to get even closer to the personal experiences of those dealing with grief, interviews were held with some of those now dealing with grief cases. Interviews are based on an outline prepared in advance as follows; 1) How many kinds of grief reactions are there? 2) How long does grief last? 3) What effect does one's interpersonal relationships have? (i.e. closeness to the deceased, number of other contacts, etc:) 4) What happens to grief stricken people psychologically? 5) How many different treatments are there? 6) Which treatment goes with which kind of grief? 7) What situations are better served by; i) clergymen? ii) psychiatrists? 8) What can a clergyman do in a grief situation? 9) Is group therapy ever indicated? 10) What other factors





should be emphasized? Results of these interviews are presented in chapter three and other appropriate places in this study.

## V SYNOPSIS OF DISSERTATION

Following this introductory chapter the study turns in chapter two to a survey of religious practices related to death and burial, with a special consideration of psychological values contained in them. In chapter three the study turns to psychiatric and psychological fields and shows the investigations made by certain research workers who have given special thought to the problem of bereavement and its consequences in the life of the bereaved.

Data discovered in chapter three <sup>are</sup> is further analyzed and classified in chapters four, five and six. Chapter four might be considered the disease itself. It is an analysis of grief to discover just what it is. Chapter five, on the other hand, is an analysis of what grief does to the bereaved individual. Chapter six, then, is an analysis of the requirements which the bereaved person has for psychological help. This might be considered as an indication of the therapy needed.

Chapter seven takes the problem back into the





religious field with a consideration of the resources which religion has for meeting the psychological needs discovered above. Chapter eight makes suggestions to pastors as to the manner in which psychological values can be incorporated into their work. Chapter nine gives a summary of the study and conclusions drawn from it.





## CHAPTER II

### CONTRIBUTIONS OF RELIGION

#### I HISTORIC RELIGIONS

1) "The horror of death depends not so much on the pain that often accompanies dissolution as upon the mystery of it and the results to the subject and to the survivors - the cessation of the old familiar relations between them, and the decomposition of the body."<sup>1</sup> Because of the mystery and the universality of death it is only to be expected that it should be the concern of all religions. Wailing and other expressions of affection find a natural explanation in the sorrow of losing friends and loved ones, and in the breaking of old relationships. The experience of death itself and the subsequent putrefaction of the body gives ample basis for the development of the theories of uncleanness which surround death. It is only a logical next step to the development of the idea of uncleanness contaminating those near to the deceased or who in any way have anything to do with the corpse.

The origin of the idea of the need to escape the ghost of the deceased is not as readily discerned

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1. E. Sidney Hartland, "Death and Disposal of the Dead: Introductory and Primitive", James Hastings, (ed), Encyclopaedia of Religion and Ethics, IV (New York: Charles Scribner's Sons, 1928), 411.





from religious customs themselves. However, a recent discovery of psychiatry furnishes a very plausible foundation for the development of such an idea. Lindemann<sup>2</sup> found one of the features of grief to be a static image of the deceased. Such an image as a part of the grief experience of a primitive accustomed to thinking of spirits in trees and springs, and to interpreting dreams as temporary sorties of the spirit from the body, could well give rise to the belief in the presence of ghosts. The mystery of this experience coupled possibly with a guilty conscience about having failed the deceased either before or after death could very well account for the fear connected with this experience and a desire to escape the ghost.

The customs and rituals developed in all religions to meet the experience of death, and to care for the deceased both as to body and spirit served a psychological function in doing grief work. The theoretical basis for the customs might be questioned in scientific circles, but there seems to be adequate basis for accepting the theory that in their own way various religions have answered a vital need of the bereaved

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2. Erich Lindemann, Lectures at the meeting of the Commission of Religion and Health of the Federal Council of Churches, (New York, 1946), as summarized by Seward Hiltner.





by the ritual and customs which they have developed.

2) Primitive peoples vary considerably in the details of their burial customs, and especially in the length of time between death and the funeral.<sup>3</sup> One of the main emphases is the taking of elaborate precautions to prevent the return of the ghost. The body is often removed from the old dwelling by a window or by other means than a regularly used door so that the spirit will not be able to trace its way back. Following the burial there may be prescribed washing to free one's self from the spirit; or the widow, for example, may run a zigzag course among the trees to escape her husband's ghost lest it haunt her.<sup>4</sup>

Feasts before and after the funeral serve to feed and honor the deceased while at the same time they speed the spirit on its way.<sup>5</sup> Funeral games and dances also serve to drive away the spirit of the dead or the evil spirits to which the death is thought to be due.<sup>6</sup> Mourning customs are often developed according to the ritual felt to be necessary for aiding the spirit of

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3. E. Sidney Hartland, "Death and Disposal of the Dead: Introductory and Primitive", 426.

4. Ibid, 433.

5. Ibid, 434 f.

6. Ibid, 437 f.





the deceased to its permanent abode, and in nature and duration vary according to the requirements thought to be necessary for this.<sup>7</sup>

3) Among the Chinese the queues of the sons of the deceased were unravelled, the chief mourner invested himself with the clothes eventually to be placed on the deceased, and with the performance of certain ritual acts went to throw a coin into the water and to dip some of it thus 'bought' for symbolic bathing of the corpse. Hair combing for the corpse is performed by the daughter-in-law, and food is placed by the corpse to prepare the still hovering spirit for prosperous living in the next stage of existence.<sup>8</sup> Paper money is burned for the use of the departed spirit.<sup>9</sup> Priests come and recite prayers to deliver the soul from purgatory, and occasionally call on those present to weep and lament the loss of the deceased.<sup>10</sup>

Burial may be delayed for five weeks or even for

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7. Ibid, 433.

8. W. Gilbert Walshe, "Death and Disposal of the Dead: Chinese", James Hastings, (ed), Encyclopaedia of Religion and Ethics, IV, (New York: Charles Scribner's Sons, 1928), 450 f.

9. Ibid, 453.

10. S. Wells Williams, The Middle Kingdom, II, (New York: Wiley and Putnam, 1848), 263.





one hundred days.<sup>11</sup> During the first thirty days after the death near relatives are not supposed to change clothes or to give any indication that they care for their own personal appearance.<sup>12</sup> On the seventh day after burial a ceremony is held which includes feeding the spirit of the deceased. This is repeated each week for seven weeks.<sup>13</sup> Only then is the period of intense mourning considered over. For a father the period of mourning supposedly lasts for three years.<sup>14</sup>

4) When death comes to a Hindu family there is the expression of grief through loud wailings, beating of breasts, and tearing of hair by the women of the family and by friends of the family who come to share in the mourning. The virtues of the deceased are often expressed in chants.<sup>15</sup> Nevertheless Hindu ritual is greatly influenced by fear of the return of the dead to interfere with the living.<sup>16</sup> Fire brands and jets

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11. W. Gilbert Walshe, "Death and Disposal of the Dead: Chinese", 453.

12. S.Wells Williams, The Middle Kingdom, II, 267.

13. W. Gilbert Walshe, "Death and Disposal of the Dead; Chinese", 454.

14. S.Wells Williams, The Middle Kingdom, II, 266.

15. John P. Jones, India: Its Life and Thought, (New York, The Macmillan Company, 1908), 272.

16. A. Hillebrandt, "Death and Disposal of the





of water are used to keep off evil spirits while at the place of cremation, and care is used on the return trip to wipe out all foot prints so that the spirit of the dead will not be able to find its way back.

With protection against the dead spirit goes also a responsibility for aiding it into the other world.<sup>17</sup> Food, usually in the form of a sacrificial cow is prepared for the journey, together with a reed to serve as a boat for crossing rivers. On the way home from the cremation an offering of water is made to the deceased.<sup>18</sup> One variation of this is for the mourners, clad in a single garment to enter into the river, turn facing the south, plunge under the water, call upon the dead by name, and then to offer him a handful of water.

Following the funeral it is necessary for the mourners to go through a ritual of purification lasting up to ten days.<sup>19</sup> The ashes of the old fire which

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Dead; Hindu," James Hastings (ed), Encyclopaedia of Religion and Ethics, IV (New York: Charles Scribner's Sons, 1928), 475.

17. Loc cit.

18. Ibid 477.

19 Ibid 478.





served the deceased are removed from the fire place and deposited outside, a complete ring of water is poured around the house, and a new fire is started by the eldest son as a symbol of returning to normal life.<sup>20</sup> The spirit of the dead is not thought to reach its final destination at once, but is the object of special offerings until the lapse of a certain period of time when it enters the realm of other departed spirits and becomes part of the general ancestral cult.<sup>21</sup> For a period of a year the Shradda is observed intermittently.<sup>22</sup> Among the higher classes this is very elaborate and expensive. Included are gifts to the priests for prayers. The purpose of the ritual is to release the soul from purgatory and to aid it on its way to bliss.

5) The Shinto practice of the Japanese assumes that the spirit is still present with the body from the time of death until burial.<sup>23</sup> Meals are brought, the corpse is moved to give it 'comfort', and a conversation is kept up as if the individual actually lived. A

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20. Loc cit.

21. Ibid, 479.

22. John P. Jones, India: Its Life and Thought, 273.

23. A. Lloyd, "Death and Disposal of the Dead: Japanese", James Hastings, (ed), Encyclopaedia of Religion and Ethics, IV, (New York: Charles Scribner's Sons, 1928), 485.





tablet is prepared on which the individual's name is written, and which becomes the dwelling place of the departed spirit.<sup>24</sup> This in turn is placed in a 'temporary social receptacle' for fifty days at which time it is transferred to a permanent one.<sup>25</sup> During the first fifty days offerings are made daily to the spirit in the tablet, then worship of it is in general along with the other spirits of the ancestors.<sup>26</sup>

6) Buddhist practices in Japan include placing six pieces of money on the corpse to pay for the ferry across the Japanese version of the river Styx.<sup>27</sup> Provisions for the journey of the spirit include a change of garments, a tobacco pouch, a comb, a towel, and a letter prepared by a priest ordaining the deceased to priesthood. The death name of the individual is written on two identical tablets, temporarily, and finally on a permanent tablet one hundred days after death.<sup>28</sup>

7) The early Egyptians shared the universal

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24. Loc cit.

25. Ibid, 486.

26. Ibid, 488.

27. Ibid, 486.

28. Loc cit.





belief that the dead survive in an existence which, however different in mode, has the same needs as this life.<sup>29</sup> The body was carefully preserved so that it would be ready for the use of the returning spirit.<sup>30</sup> Food, drink, and furniture were provided, originally, for the use of the deceased, but in later times the actual properties were replaced by paintings and carvings of the required articles.<sup>31</sup> Added in later times, too, was a writing to serve as a guide to the next world and its dangers, which was to prepare the deceased for the journey and residence in the new abode.<sup>32</sup> Side by side the two beliefs existed that the deceased continued to abide in or near the tomb, and that he departed elsewhere to a blessed realm, and provision had to be made for both contingencies.<sup>33</sup>

8) To the Babylonians life after death was an

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29. George Foot Moore, History of Religion I, (New York: Charles Scribner's Sons, 1929), 157.

30. H. H. Hall, "Death and Disposal of the Dead: Egyptian", James Hastings, (ed), Encyclopaedia of Religion and Ethics, (New York: Charles Scribner's Sons, 1929), 458.

31. Ibid, 461.

32. Ibid, 463.

33. James H. Breasted, Development of Religion and Thought in Ancient Egypt, (New York: Charles Scribner's Sons, 1912), 31.





undesirable shadowy existence.<sup>34</sup> There seemed to be no concern for the body, but food and useful articles were provided for the departed spirit.<sup>35</sup> This was later raised to the concept of communion with the dead through a communion meal which was observed once a month by the family of the deceased. Immortality depended on this meal offered regularly, and hence the necessity for male descendants to carry on one's lineage was very important.<sup>36</sup> Faithfulness in carrying out the burial rites in proper form was motivated, further, by a fear of being plagued by the spirit of the deceased.<sup>37</sup> Anyone who had had relations with the deceased in life, or who had looked on the corpse was liable to have the ghost of the departed attach itself to him, if for any reason adequate ritual was not carried out and it was denied peace. Once attached to the living the ghost would plague him until adequate

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34. S.H.Langdon, "Death and Disposal of the Dead: Babylonian", James Hastings (ed) Encyclopaedia of Religion and Ethics, IV, (New York: Charles Scribner's Sons, 1928), 444.

35. A.H.Sayce, Social Life Among The Assyrians and Babylonians, (Oxford; The Religious Tract Society, 1893), 54.

36. S.H.Langdon, "Death and Disposal of the Dead: Babylonian", 446.

37. L.W.King, "Royal Tombs in Mesopotamia and Egypt", Journal of Egyptian Archaeology 2, (1915), 171.





ritual was performed to bring peace to the spirit.

9) To the Jewish people life after death was a shadowy existence in an underworld.<sup>38</sup> The body was usually disposed of by burial, though there was no attempt to preserve the body. On the other hand, it was considered desirable to be buried with one's relatives, especially immediate ancestors.

That the Jews considered death a grave misfortune is indicated by the elaborate mourning customs developed. Fasting, beating the breast, and the use of ashes were among the practices frequently followed.<sup>39</sup> Further development of Jewish customs will be considered later in the chapter in dealing with modern practices.

10) Early Christian customs followed Jewish practices, but hope in immediate resurrection robbed death of much of its terror.<sup>40</sup> There was more respect for the body, but at the same time there was no fear of cremation.<sup>41</sup> As Christianity moved away from

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38. W.H.Bennett, "Death and Disposal of the Dead: Jewish", James Hastings(ed), Encyclopaedia of Religion and Ethics, IV, (New York: Charles Scribner's Sons, 1928), 497.

39. Ibid, 499.

40. Edwin K. Mitchell, "Death and Disposal of the Dead: Early Christian", James Hastings (ed), Encyclopaedia of Religion and Ethics, IV, (New York: Charles Scribner's Sons, 1928), 456.

41. Ibid. 457.





Judaism, and also suffered persecution from governments there was a shift from the family burial plots to community cemeteries where all Christians of a community were buried together. With recognition of Christianity by Constantine funeral services became more elaborate, and rites of veneration developed around the burying places of saints and martyrs. Further discussion of Christian funeral practices will be made in the next section.

11.) Psychological values found in these religious practices went beyond any apparent awareness on the part of the participants as to what was taking place. As unscientific as the basis for the rituals and practices may seem, nevertheless, the net results of the practices seemed to care for needs which modern psychology recognizes as being basic for emotional health.

In particular, there are at least four psychological functions served by the customs listed above under the various religions. 1) The first of these is the actualizing of personal loss. To make real the fact that the deceased is gone from the circle of the living is psychologically necessary. Among the customs which perform this function are those of preparation of the body for burial, such as washing and hair combing. Feasts for the purpose of speeding the spirit on





its way and for feeding the spirit that it might prosper in the next life also serve this end.

ii) Expression of the sense of loss and grief is the second psychological need served by religious rituals. This is found most directly in the practices of wailing, beating of breasts, and the tearing of hair. It is also carried out by the delay of burial services with the continuation of services for the corpse, including rituals of feeding it and showing it honors.

iii) Probably the chief psychological function served by the majority of the religious practices noted is the freeing the bereaved from the image of the deceased. The elaborate ceremonies practiced to free the bereaved from the 'ghost' of the deceased testify to this fact. Among those noted are the practice of taking the corpse out through a window or other exit not regularly used by the household. The zigzag course which the widow runs through the trees to escape the ghost and the wiping out of foot prints so the ghost can not follow all serve the same purpose. Washing one's self after the funeral, funeral games or dances, and the use of temporary and permanent name tablets, together with the enclosure with the corpse of instruments for crossing the 'river' to





the new abode all serve this end. Food, drink, and other useful articles provided in the burial crypt or grave is another means of assuring that the ghost will either remain in the tomb or else continue on to the new realm far from the abode of the living.

More important than the particular ritual or custom practiced is the fact that in some way the bereaved consciously work through their relationship to the deceased and break the ties which held them to him.

iv) Readjusting to the world from which the deceased is gone is the fourth psychological function to be considered. This is illustrated best perhaps by the Hindu custom of pouring a ring of water around the house to shut out the ghost of the deceased, and then taking the old ashes from the fireplace and kindling a new fire as a symbol of the new era.

## II PASTORAL LITERATURE

Blackwood<sup>42</sup> sums up the ministry to the bereaved under two fields, immortality and pastoral sympathy. In general this holds for most pastoral writers who have not come into the orbit of medical

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42. Andrew W. Blackwood, Pastoral Work, (Philadelphia, The Westminster Press, 1945), 120-124.





or clinical psychological ministries. The latter will be dealt with separately below. Blackwood's discussion indicates two areas of approach to grief - - the theological assurance and pastoral consolation. Theological assurance rests often on the idea of immortality. This maintains that while the body may have been cast aside the essential individual continues to exist. There has been no destruction of the person himself, and in fact, he is now released from the aches and pains which beset him in life. He is free to grow and to develop a nobler life than he has heretofore been able to attain because of the restrictions of the physical body. This life, after all, is but a preparation for the more expanded life that we all live in the hereafter. In the future life conditions will be better. Peale, for example, adapts the message of Revelation thus - -

He that sitteth on the throne shall spread his tabernacle over them. They shall hunger no more; neither shall the sun light on them, nor any heat: for the lamb which is in the midst of the throne shall be their shepherd, and shall feed them and shall lead them unto living fountains of water; and God shall wipe away all tears from their eyes.<sup>43</sup>

With this goes the assurance that one will see

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43. Smiley Blanton and Norman V. Peale, Faith is the Answer, (New York: Abingdon Cokesbury, 1940), 142. cf. Revelation 7:15-17.





the lost one again. This is not a permanent separation, but a temporary one with the loved one merely having reached the desired goal ahead of the bereaved. The future companionship will be closer, fuller, and more rewarding.

Closely allied to the doctrine of immortality is the comfort contained in the theological belief in the immanence of God, or the doctrine of the Holy Spirit. This states that God is present in the life of the individual to strengthen him and to keep him in spite of his difficulties. Even though the bereaved has suffered a great loss, and is undergoing a great emotion, there is divine power within him to make him strong enough to bear the load.

When Christ says, 'The kingdom of God is within you', he is saying what wise men have always said, namely, that in you yourself is the answer to your own happiness. This is the answer to deep inward grief of the spirit.<sup>44</sup>

What is there in the practice of religion that endows us with the rare ability to enjoy life, to overcome that grief which is experienced by those who miss the happy way?

The first element is that the real presence of God is with him, that God cares for him, will guide him and watch over him. With that great fact at the heart of his philosophy he has a definite center around which to organize his life. So let the world do its worst - he knows God is with him and he is not over much dismayed.<sup>45</sup>

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44. Ibid 150.

45. Ibid 152.





In practice these theological assurances are made in the teaching of the church and in the personal work of the clergyman. At the time of the actual loss the general teachings are fortified by scripture readings which develop the idea of immortality and of the blessed state of the deceased together with the presence of the living God in the life of the griever to sustain and to strengthen him.

The second area of ministry to the bereaved as indicated above has to do with the personal presence of the clergyman. Advice as to what the pastor should do varies, but there seems to be a rather general agreement that the essential thing is for him to appear. The minister represents the church, and symbolizes in his person faith and immortality. He stands for the qualities of life which bereavement cannot touch, and which give meaning to all the events which befall one even though they seem tragic or overwhelming at the time of the occurrence. To show that he cares enough to come fortifies the bereaved, perhaps more than words or ritual which he might perform. In a grief situation which has to do with marital unfaithfulness, shockingly revealed, rather than with death, this quality of the comfort of presence is illustrated by the following example.





The stricken man told me afterwards, that as they drove through the night not a word was spoken, What could be said? The unspoken attitude of human sympathy had to speak the message, and he said that as he looked upon the strong, kindly face of his friend, lighted by the dim glow of the dash light, and reflected in the windshield, there came over him a great sense of peace and protection and calm comfort.<sup>46</sup>

In addition to the typical churchman's approach outlined above, there is an expanded ministry to the bereaved which has been developed by clergymen working as specialists in clinical situations where they have come into contact with medical men, and have been influenced by special work with the sick. Cabot and Dicks<sup>47</sup> warn against urging the bereaved to put their sorrows behind them and to forget about it. The greatest need for most in the time immediately following the funeral of their beloved is for them to spend time reviewing the whole life of the departed. Now is the time to see in larger perspective the details of a life that could only be experienced fragmentarily before. In this process the clergyman may well help the bereaved to reevaluate and to synthesize. One will avoid trying to comfort the bereaved by reminding them that loss is

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46. Ibid, 146.

47. Richard C. Cabot and Russell L. Dicks, The Art of Ministering to the Sick, (New York: The Macmillan Company, 1936), 315 f.





a common experience, or that in six months they will feel differently. For all its commonness theirs is a unique experience, and for all the healing power of time, not to grieve now would be to lose too quickly the love which bound the union. To encourage cheerfulness too soon is to create a feeling of faithlessness to the departed, and to increase the anguish of the bereaved. To give the assurance of eternal life too soon is to fail to recognize the factor of absence and separation, which in spite of one's belief in immortality is very real. It is the past that gives tangible memories. These may be kept even in work, if it is one which was shared with the lost. Work, too, especially for men not given to the expression of emotion may be a way of dissolving the feelings which others would release through talking.

All work in grief will be facilitated if there has been a program of education prior to the time of loss so that the individual is prepared to meet the problems of life with a mature philosophy of life.

Dicks<sup>48</sup> speaks of bereavement as a personal crisis characterized by loneliness which may be aggravated by guilt feelings. The pastor's opportunity

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48. Russell L. Dicks, Pastoral Work and Personal Counseling, (New York: The Macmillan Company, 1945), 41f.





depends greatly on his ability to establish rapport with the bereaved. He will respond immediately to the knowledge that one of his parishioners has died. He will be sensitive to the needs of the bereaved to talk through his loss, guilt feelings, etc., and be ready to meet the bereaved on the level of his own suffering.

Fairbanks<sup>49</sup> has made considerable progress in combining psychiatric insights with Christian resources. He lists several pastoral errors which serve to point up the problems of grief before listing positive procedures. (1) The first error is that of encouraging the bereaved to avoid or postpone grief by praising stoicism and by disapproving what seems to be morbid grief reactions. Pastors, he says, tend to avoid discussion of the deceased or any unpleasant subject. (2) In the second place they tend to blur spiritual reality with physical reality. By their emphasis on immortality they tend to obscure the fact of physical death. They tend, in other words, to pretend that there is no difference. (3) Closely allied to this is the tendency to assume that grief indicates a lack of faith, whereas in reality it may be just a temporary

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49. Rollin J. Fairbanks, "Understanding Bereavement", a lecture delivered at the Summer Session of the Institute of Pastoral Care, Massachusetts General Hospital, Boston, 1947.





grief process. Their emphasis, in other words, is premature. The formula for dealing with the bereaved is rather to deal with the present first, then with the past, and only then with the future. (4) Pastors err further in failing to recognize grief problems. That is to say--in the past there has been some bereavement which has never been worked through, and now manifests itself in some other guise. Pastors have not learned to penetrate these guises to discover the problem which lies behind them.

In dealing with grief, also, certain common errors which are not peculiar to grief, but are likely to crop up in any of the clergyman's work are made. (1) The pastor is likely to exhort rather than to explore. (2) He very often becomes judgmental. (3) He is likely to deal with symptoms rather than with the total or basic problem. (4) He often fails to recognize such common psychological mechanisms as projection--i.e. the projection of one's own feelings into the situation.

Positive points in Fairbank's treatment of grief begin with the admonition (1) to encourage and to approve the necessary expression of grief. The pastor must seek to understand the bereaved's experience, and to help to free him from the deceased by talking of the deceased. It is better for the bereaved to be upset now than to be depressed later. To deny grief makes





for inner dishonesty which causes trouble later on.

(2) It is necessary to make a clear distinction between the reality of the physical death and the finality of death. The body is gone--all tangible evidence of the person is gone--even though in the assurance of Christian doctrine this is not the final word. (3) In all grief work it is essential that one get behind the problem to the person who is the problem. The work of the clergyman is with persons rather than with situations. This, carried out, means helping the person to emancipate himself from the deceased, through a review of past events, and then helping him to seek new healthy interpersonal relationships.

Liebman<sup>50</sup> emphasizes the need for (1) expressing all the grief one feels, (2) freeing one's self from the physical existence of the beloved one, and (3) the building of new relationships. He makes the further point, also, that it is essential to include children in grief situations that they may share in the loss and the therapy to be gained from working through the grief situation.

Greer,<sup>51</sup> although approaching grief from the

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50. Joshua L. Liebman, Peace of Mind, (New York: Simon and Schuster, 1946), 105-133.

51. Ina May Greer, "Grief Must be Faced", The Christian Century, 62 (February 1945), 269-271.





psychiatric field, rightly finds a place in the present listing because her article published in a religious journal has made available to clergymen certain insights concerning grief. She emphasizes that while grief can be denied, such denial merely changes the form of its expression to a symptom, to grief over a token loss, to a physical disease, etc. This grief, she shows, may arise from death, or from some other form of separation.

To overcome grief and its distorted manifestations it is necessary to undergo grief work. This is the only way to discharge the strong emotion of grief. An external act is necessary to discharge an emotion. For the victim of grief, talking may become such an outward act. The necessity for formal grief work increases with the closeness of the attachment of the bereaved to the deceased, and the more limited the number of other attachments.

### III A QUESTIONNAIRE

Fairbanks<sup>52</sup> prepared a questionnaire designed to discover the practices of clergymen in bereavement. This study was timed so that those filling out the questionnaires reported actual bereavement situations

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52. The Reverend Mr. Rollin J. Fairbanks, Director, Institute of Pastoral Care, Massachusetts General Hospital, Boston.





dealt with in 1943. Two hundred questionnaires were mailed out to a cross section of active clergymen. The geographical distribution was widely across the United States and some of Canada. Several major denominations were included, and both urban and rural parishes were covered. Sixty of the questionnaires were returned from a representative cross section of those receiving them. Some men wrote comments concerning their answers which modify or help to interpret them. These were made available to the present investigator for analysis and interpretation.

The first section of the questionnaire dealt with the occasions other than funerals that contacts were made with the bereaved.<sup>53</sup> Of the sixty clergymen replying, twenty-three indicated that they always had pre-funeral interviews with the bereaved. Thirty more often had such interviews while five occasionally did and only two indicated that they rarely did. There were none who never held such interviews. One is justified in considering these figures to be conservative in the light of comments which were made by two of the men who rated low in frequency of such contacts. They were ministers of city churches where a large percentage of their funerals were for strangers, and were arranged

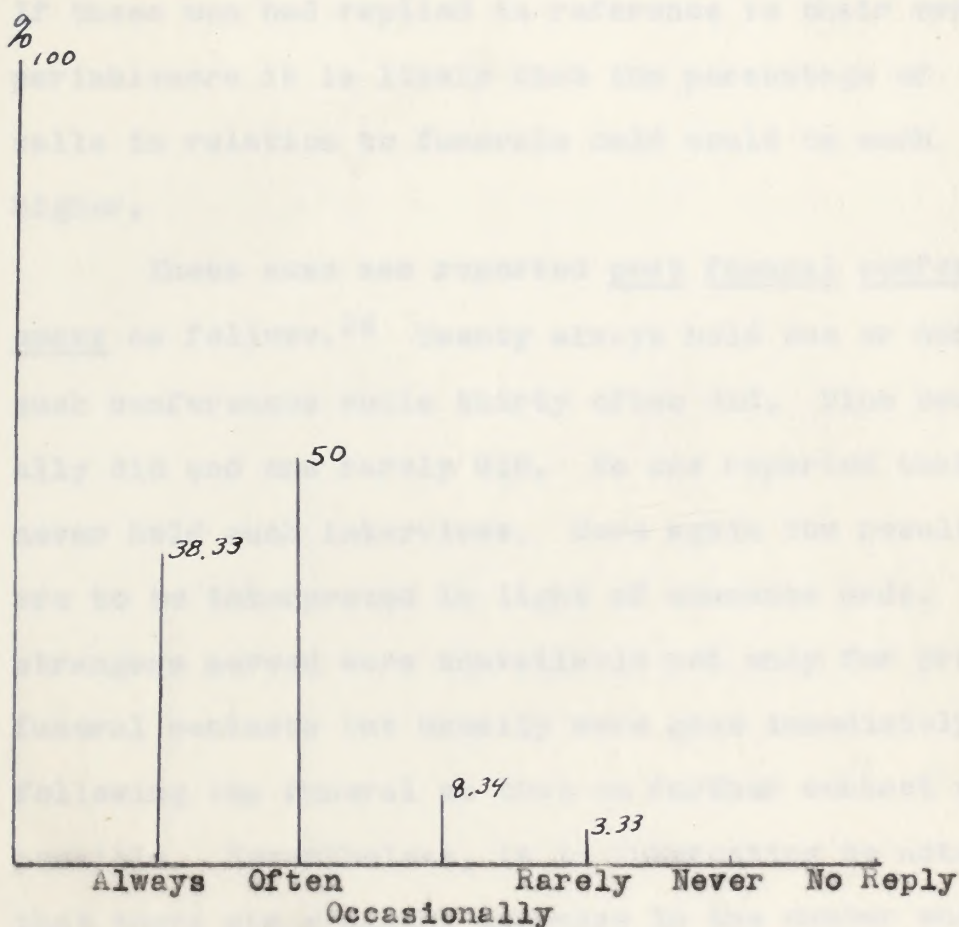
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53. cf. Figure I.





FIGURE I



Pastors conducting pre-funeral interviews.





on very short notice. In most of these instances arrangements were presumably made by the funeral directors with no direct contact with the family. If these men had replied in reference to their own parishioners it is likely that the percentage of calls in relation to funerals held would be much higher.

These same men reported post funeral conferences as follows.<sup>54</sup> Twenty always held one or more such conferences while thirty often did. Nine occasionally did and one rarely did. No one reported that they never held such interviews. Here again the results are to be interpreted in light of comments made. The strangers served were unavailable not only for pre-funeral contacts but usually were gone immediately following the funeral so that no further contact was possible. Nevertheless, it is interesting to note that there was a slight decrease in the number who always held post-funeral interviews from those who always held interviews before the funeral. This would seem to indicate that at least some of the pre-funeral interviews were limited to the formal matters incident to the arrangements for the funeral.

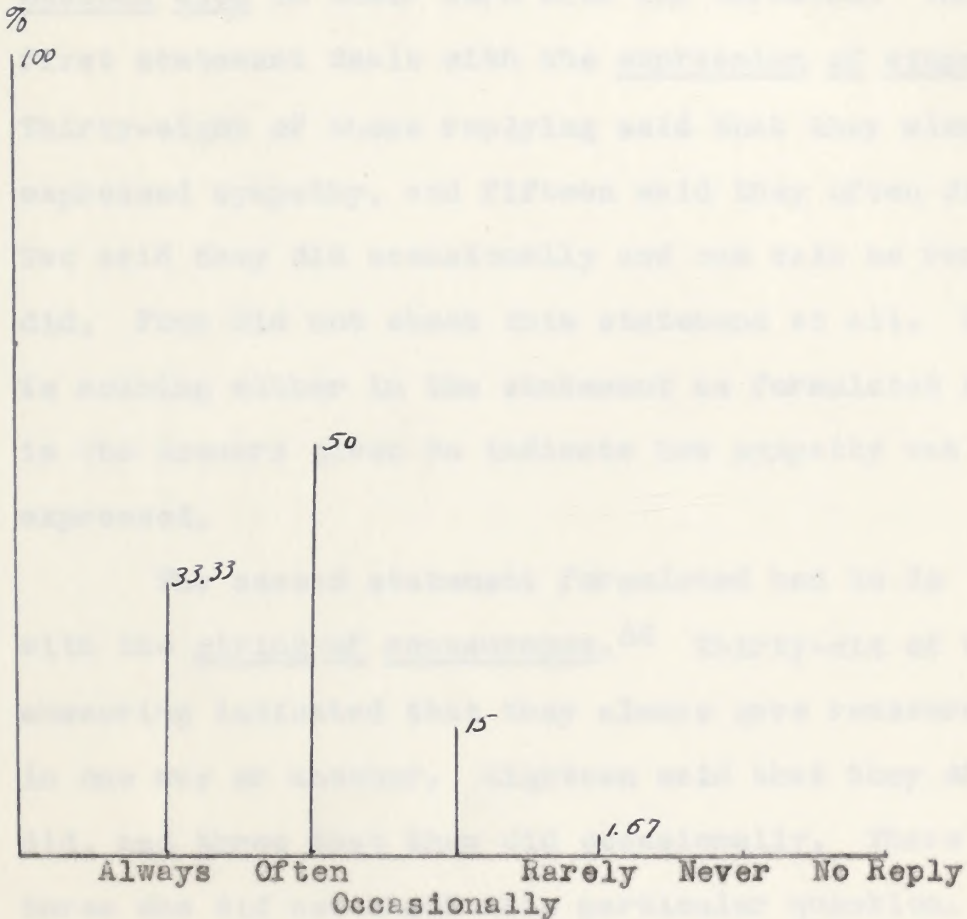
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54. cf. Figure II.





FIGURE II



Pastors conducting post-funeral interviews.





Without distinguishing between pre-funeral and post-funeral interviews the men sampled were asked to check certain specific statements to indicate methods used in their work with the bereaved. The first statement dealt with the expression of sympathy.<sup>55</sup> Thirty-eight of those replying said that they always expressed sympathy, and fifteen said they often did. Two said they did occasionally and one said he rarely did. Four did not check this statement at all. There is nothing either in the statement as formulated or in the answers given to indicate how sympathy was expressed.

The second statement formulated had to do with the giving of reassurance.<sup>56</sup> Thirty-six of those answering indicated that they always gave reassurance in one way or another. Eighteen said that they often did, and three that they did occasionally. There were three who did not check this particular question. The methods of giving assurance varied somewhat. Included were references to God's love, to other tragedies, to the way others conducted themselves in grief, and to the idea that the passing of the loved one was in

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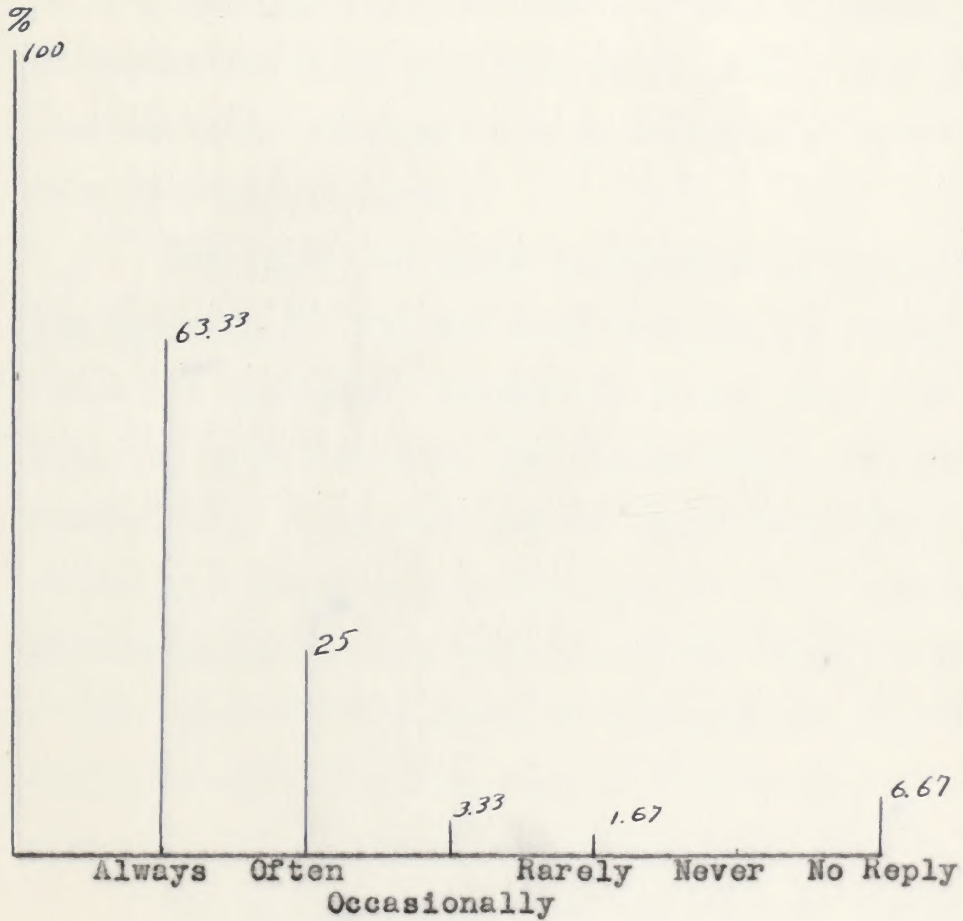
55. cf. Figure III.

56. cf. Figure IV.





FIGURE III

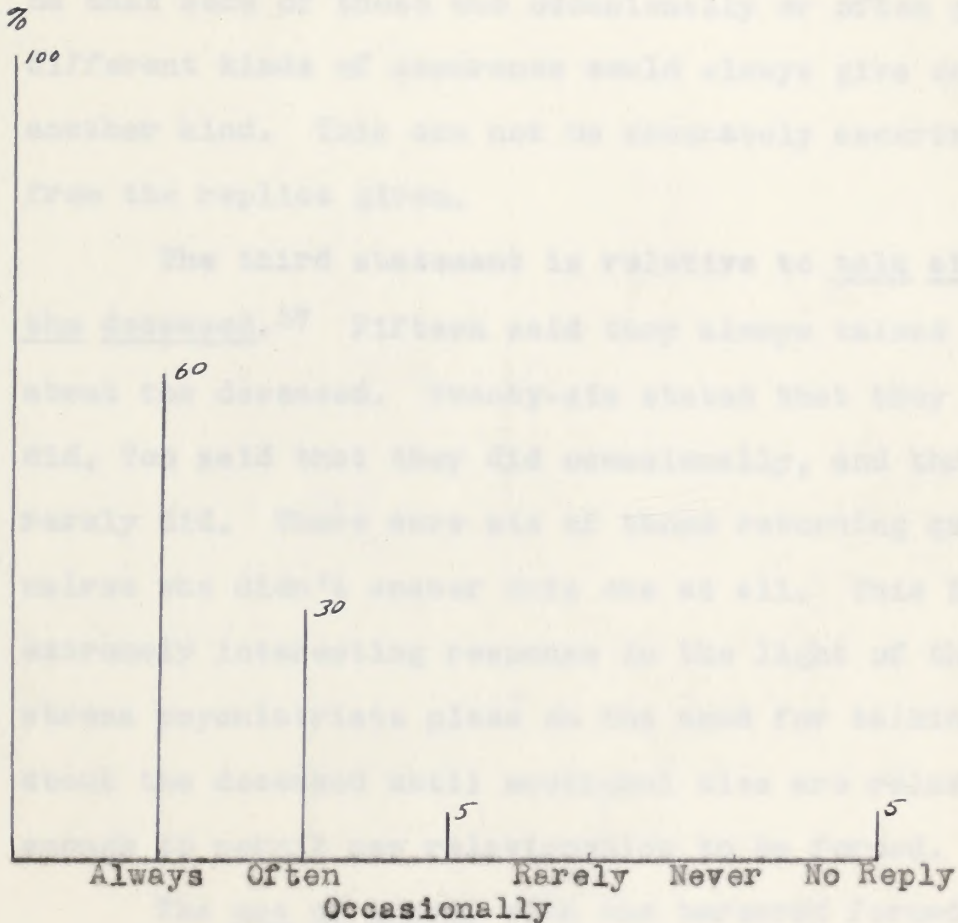


Pastors giving expressions of sympathy.





FIGURE IV



Pastors giving reassurance.

27. cf. Figure V.

28. cf. Figure VI.





accordance with God's will. It is possible that the number who always gave assurance might actually be higher than indicated in the study since it may well be that some of those who occasionally or often gave different kinds of assurance would always give one or another kind. This can not be accurately ascertained from the replies given.

The third statement is relative to talk about the deceased.<sup>57</sup> Fifteen said they always talked about the deceased. Twenty-six stated that they often did. Ten said that they did occasionally, and three rarely did. There were six of those returning questionnaires who didn't answer this one at all. This is an extremely interesting response in the light of the stress psychiatrists place on the need for talking about the deceased until emotional ties are relaxed enough to permit new relationships to be formed.

The use of prayer with the bereaved formed the basis of the next question.<sup>58</sup> Thirty-five said they always used it. Twenty-one said they often did, and four said that they did occasionally. There may be some ambiguity in the replies to this question as the situations indicated are in the home, regular

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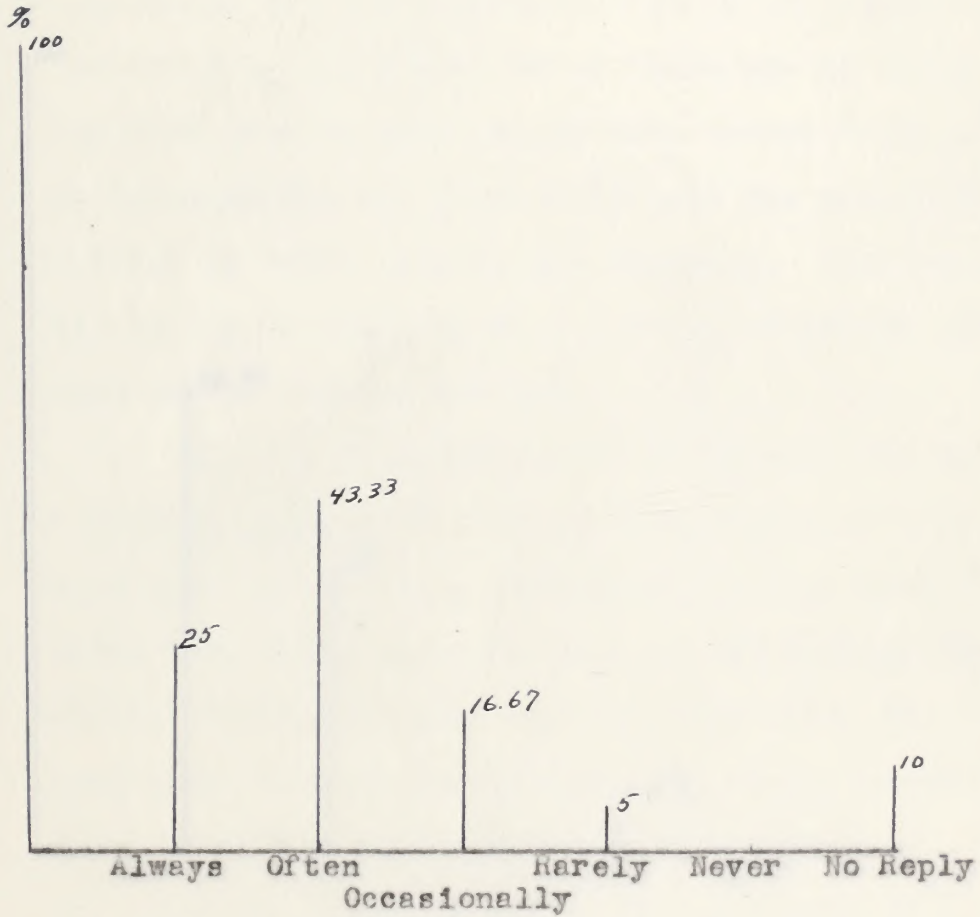
57. cf. Figure V.

58. cf. Figure VI.





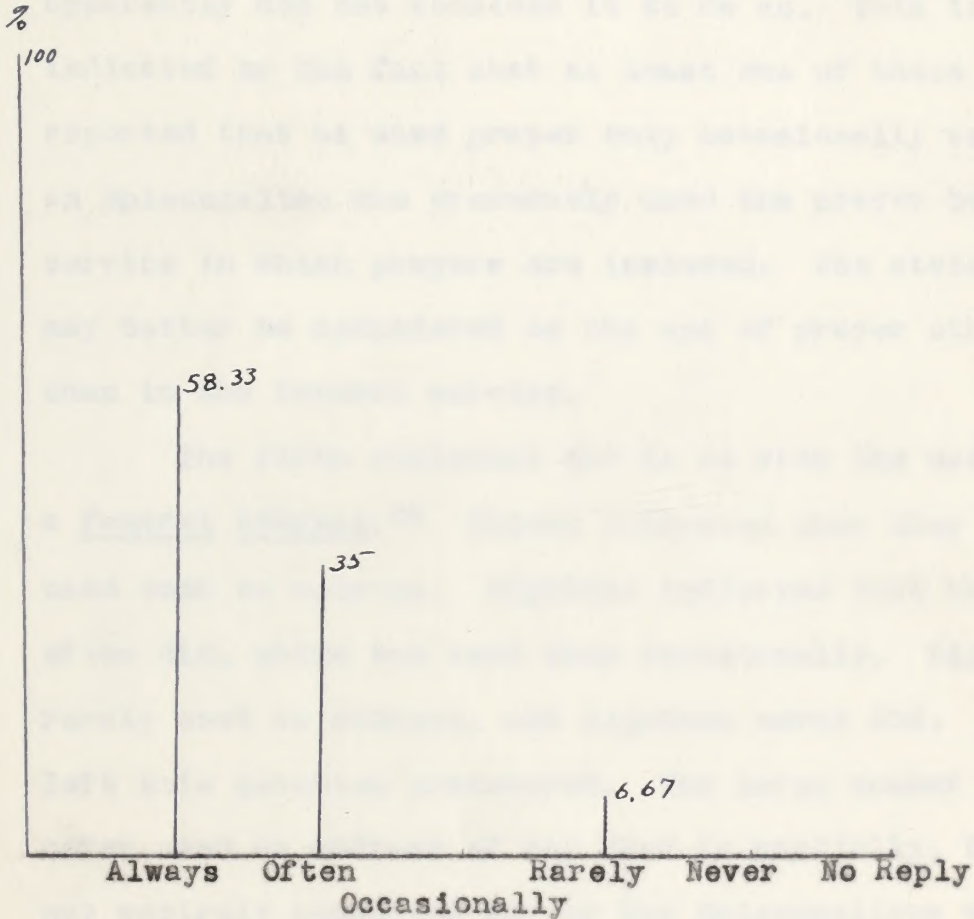
FIGURE V



Pastors talking about the deceased.



FIGURE VI



Pastors using prayers in interviews.





Sunday service and special memorial service. No mention was made of funeral services, and while the latter may have been intended to cover it, some apparently did not consider it to do so. This is indicated by the fact that at least one of those who reported that he used prayer only occasionally was an Episcopalian who presumably used the prayer book service in which prayers are included. The statement may better be considered as the use of prayer other than in the funeral service.

The fifth statement had to do with the use of a funeral address.<sup>59</sup> Eleven indicated that they always used such an address. Eighteen indicated that they often did, while two used them occasionally. Eight rarely used an address, and eighteen never did. Three left this question unanswered. The large number who never used an address of any kind is partially, though not entirely accounted for by the Episcopalians who undoubtedly used a strictly ritualistic service. Of the two types of funeral addresses indicated, personal or general, most used the latter.

The final statement dealt with changing the subject when tears started to flow.<sup>60</sup> Two answered

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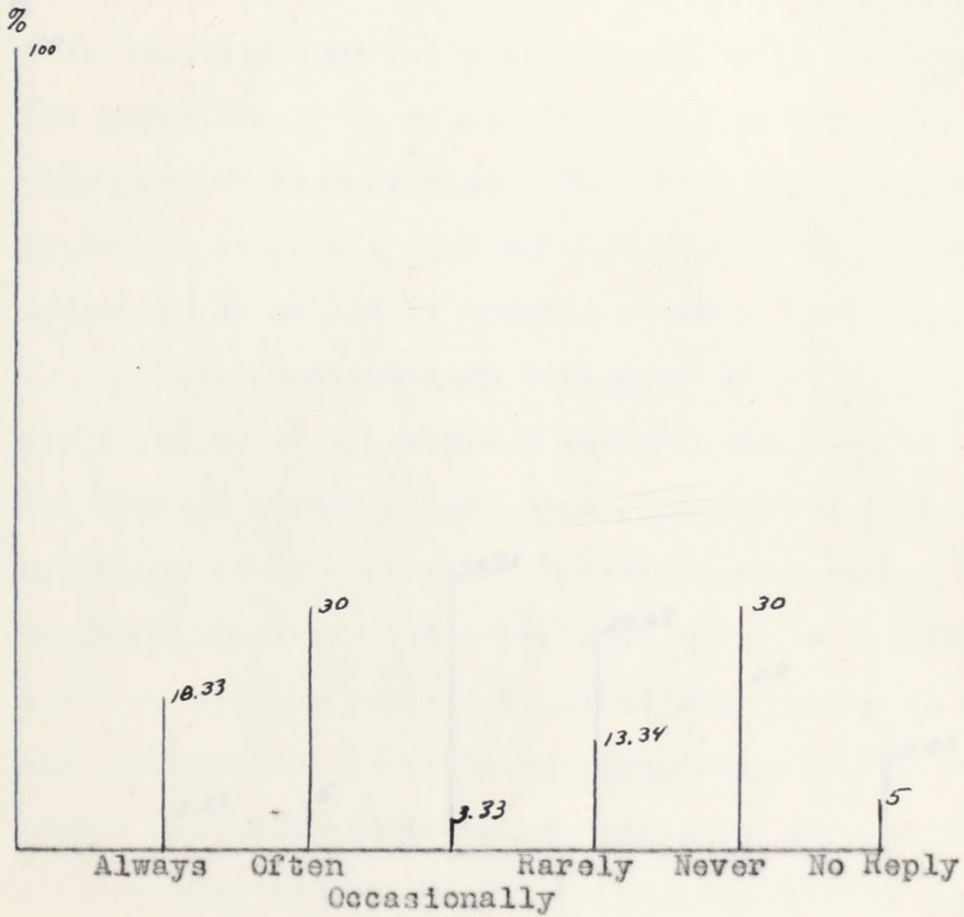
59. cf. Figure VII.

60. cf. Figure VIII.





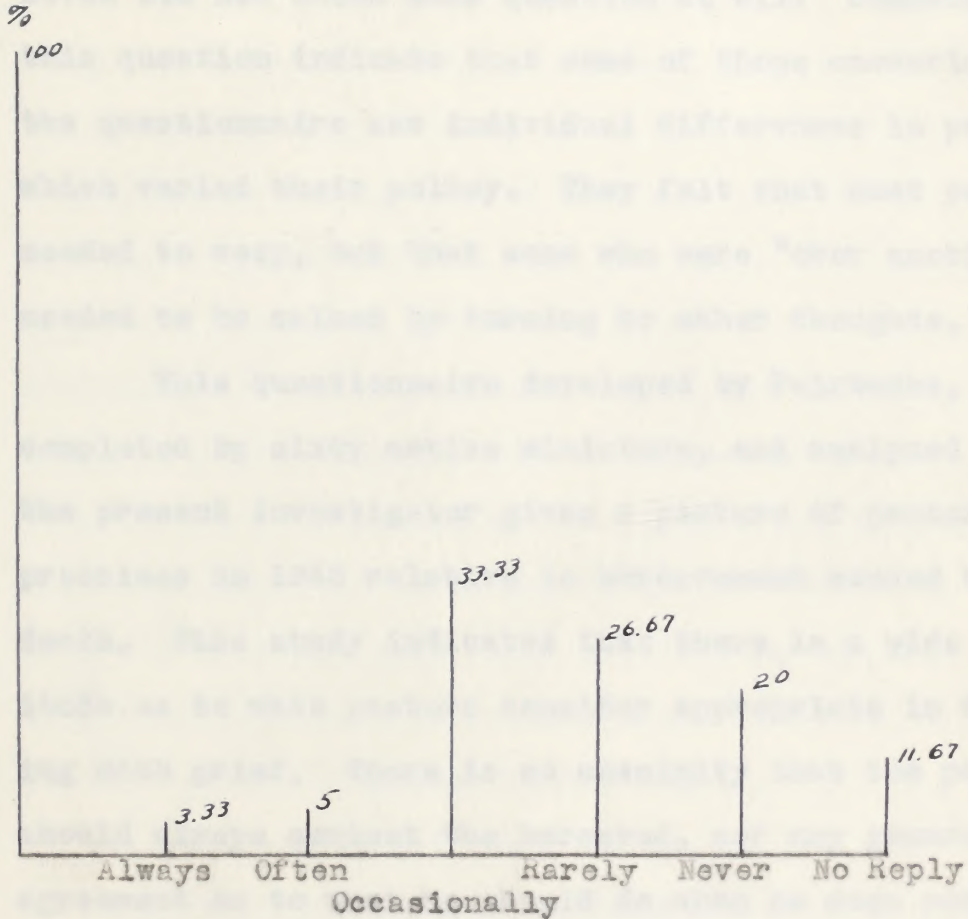
FIGURE VII



Pastors using funeral addresses.



FIGURE VIII



Pastors changing the subject to stop tears.





that they always did this, and three that they often did. Twenty occasionally changed the subject, sixteen rarely did, and twelve indicated that they never did. Seven did not check this question at all. Comments on this question indicate that some of those answering the questionnaire saw individual differences in people which varied their policy. They felt that most people needed to weep, but that some who were "over emotional" needed to be calmed by turning to other thoughts.

This questionnaire developed by Fairbanks, completed by sixty active ministers, and analyzed by the present investigator gives a picture of pastoral practices in 1943 relative to bereavement caused by death. This study indicates that there is a wide latitude as to what pastors consider appropriate in dealing with grief. There is no unanimity that the pastor should always contact the bereaved, nor any general agreement as to what he should do when he does contact them. The giving of theological assurance and pastoral sympathy rated highest as means of serving the bereaved. Only one fourth of the group always talked about the deceased and only one fifth never turned the conversation away from the disturbing subject. Though the verdict is by no means unanimous the majority would seem to favor creating a spirit of calmness and comfort in the bereaved. Very few consider it a vital necessity





that the grief be worked through.

#### IV SOME CURRENT CUSTOMS

In addition to the strictly pastoral approach to grief there are certain current religious customs which have developed as means of dealing with the problem of bereavement. One of the most elaborate of these systems of grief work is that practiced by the Orthodox Jew. The ritual as practiced by Orthodox Judaism is as follows.<sup>61</sup> At the time of death, if the eyes remain open, they are closed, by the children if it is a parent. Then the body is placed on the floor with the feet towards the door. If it is the father or mother who has died the bereaved rend their garments on the left side over their hearts. As soon as he is notified of the death the Rabbi may come to the home.

With the burial there begins a seven day period of mourning. During this time the bereaved wear no leather shoes. They do not change garments, bathe, or anoint themselves for pleasure. For hygienic purposes these are permitted. Males do not shave and none receive haircuts. All sit on low stools and none participate in any joyous occasion. Cohabitation, even kiss-

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61. Rabbi Israel Gerber, in a personal interview, Boston, 1947.





ing and embracing are forbidden.

The first meal after the burial is called the meal of condolence and is usually supplied by friends and neighbors, for it is their religious duty to do this. It usually includes a hard boiled egg or lentils which being round symbolize life as a turning wheel-- here today and gone tomorrow. Also they have no mouth, just as the mourner has no mouth, for not speaking is a sign of mourning. It might be noted here that, though the Jewish explanation does not include this explanation, round also means endless or eternal.<sup>62</sup>

In addition to furnishing the first meal, friends and neighbors are obligated to visit the bereaved during this seven day period, for it is a great meritorious duty to comfort mourners. The visitors are not permitted to speak until after the bereaved have spoken first. This is in observance of the scriptural account which relates that Job's friends kept silent until he had spoken and then they spoke.<sup>63</sup> This also serves the practical purpose of respecting the mood of the bereaved, and of not forcing them to talk before they are ready to. Usually, though, the bereaved go over the story of their loss, and thus they get used to the idea that the depart-

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62. Paul E. Johnson, personal note, Boston, 1948.

63. Job 2:13; 13:1; 4:1.





ed is gone. They have the opportunity for full expression of their grief.

During this first seven day period the bereaved do no work. They remain in their home, and three times each day they have a service in the home at which the "Kaddish", or mourning prayer is said, for it is fitting that the mourners should mourn in the place where the dead gave up his soul.

For the first thirty days following the burial there is a period of mourning which lessens after the first seven days. After the seven day period most of the outward signs of grief are stopped. Many, however, still do not shave, and many still rend their garments. They put on their shoes, however, and do not sit on low stools. They return to work and resume most of the normal customs of living.

During the first eleven months of mourning the Kaddish is said by the males, who, after the first seven days, go to the synagogue three times a day for this purpose. During the entire first year all occasions for festivities are avoided. There are no parties, no music, and no dancing. Thus for a whole year, in decreasing steps, the bereaved are led to face their loss, and to live through their grief by outward signs and customs.

Another contemporary custom is the Wake. As





originally practiced by many different peoples this had to do with the belief that the spirit of the deceased remained with the body and must not be left alone.<sup>64</sup> The spirit, if left alone, might be captured by an evil one, needed to be entertained, or for some other reason required the constant vigilance of the bereaved. The term wake comes from the fact that the vigil often required sitting up for one or more nights.

Although these reasons apparently have been lost sight of, and the insistence that continuing vigil be kept has been modified, the custom of the wake continues in some localities at least. Apparently it came to Christianity from the Irish who brought it into the Roman Catholic church. However, the Roman Catholic church has no laws governing the wake which is purely custom rather than a requirement of the church.<sup>65</sup> The wake may last for varying lengths of time. Those who go are expected to say prayers for the soul of the departed. The priest is not required to go, but usually does. If he attends he leads in the rosary or other informal prayers.

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64. E. Sidney Hartland, "Death and Disposal of the Dead: Introductory and Primitive", 418.

65. This point was made emphatically by Reverend Thomas J. Savage, Curate, St. Patrick's Roman Catholic Church, Milford, New Hampshire, in a personal interview, 1948.





In and around Boston, at least, Protestants have adopted the custom of the wake, also. This investigator attended one where the bereaved went to the funeral home the day following the death to receive sympathizing friends and neighbors. Two periods, one in the afternoon and another in the evening were observed. Friends came in, viewed the body, said a prayer if they desired to, and expressed their sympathy to the bereaved. After finishing this routine, visitors usually took seats, visited among themselves, or continued talking with the bereaved.

The chief psychological value of the wake, as observed in this instance was that it provided an opportunity for the bereaved to repeat over and over the details of the last illness and death, as well as incidents further back in the life of the deceased. Further, it provided a shared sense of loss and group support.

## V SUMMARY OF CHAPTER

Historical religions contain many religious customs and rituals which serve psychological purposes. Though the scientist may not consider the reasoning back of these practices to be acceptable, nevertheless, the practices themselves serve to actualize the personal loss; to express a sense of loss and grief; to free the bereaved from the image of the deceased; and to aid





the bereaved in readjusting to the world from which the deceased is gone.

In modern Protestantism regular pastoral writers indicate two sources of help for the bereaved, theological reassurance and pastoral sympathy. A limited group of writers have discovered the medical and psychiatric treatment of grief, and have learned from it the necessity for facing grief, and for doing grief work in the form of talking about the deceased, and thus releasing the emotional tensions relating to the loss.

Sixty clergymen who answered questionnaires relative to their funeral practices in 1943 showed a varied treatment of the bereaved. The majority, when holding pre-funeral or post-funeral interviews, tended to favor the theological assurance and pastoral sympathy methods as the best for aiding the bereaved.

Religious customs, especially those embodied in the practices of the Orthodox Jews reflect considerable psychological insight in leading the bereaved to face their loss, and in aiding them to develop other contacts.

The wake, especially as it is developed in Protestantism around Boston has sound psychological significance in aiding the bereaved to face the reality of their loss, to free themselves from bondage to the deceased, to express their sense of loss and grief, and to receive group support.





### CHAPTER III

#### CONTRIBUTIONS OF PSYCHIATRY AND PSYCHOLOGY

Many studies of grief have developed out of discoveries made in pursuing other topics. Investigators pursuing other lines of knowledge have found that grief situations entered into the picture either as a complicating factor, or as a primary causal factor. This has been true in the study of both physical and mental disorders, some of which will be noted here.

In studying melancholia it was discovered that what appeared to be melancholia was sometimes in reality grief. It was also discovered that bereavement is sometimes a causal factor in the development of true melancholia. Freud brings out the similarity between these two states.

The distinguishing mental features of melancholia are a profoundly painful dejection, abrogation of interest in the outside world, loss of the capacity to love, inhibition of all activity, and a lowering of the self regarding feelings to a degree that finds utterance in self reproaches and self revilings and culminates in a delusional expectation of punishment. This picture becomes a little more intelligible when we consider that, with one exception the same traits are met with in grief. The fall in self esteem is absent in grief, but otherwise the features are the same.<sup>1</sup>

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1. Sigmund Freud, "Mourning and Melancholia", Collected Papers, IV, (London: Hogarth Press, 1925), 153.





This explains readily enough why therapists working with melancholia might find themselves also working with grief. Starting with what appeared at first to be a clear case of melancholia it was only later that they found something lacking in the picture --something which they later discovered to be a distinguishing mark between melancholia and grief.

This similarity of picture, however, does not complete the relationship.

In one class of cases it is evident that melancholia too may be the reaction to the loss of a loved object; where this is not the exciting cause one can perceive that there is a loss of a more ideal kind. The object has not perhaps actually died but has become lost as an object of love (e.g. the case of the deserted bride). In yet other cases one feels justified in concluding that a loss of the kind has been experienced, but one can not see clearly what has been lost, and may the more readily suppose that the patient too cannot consciously perceive what it is he has lost. This, indeed, might be so even when the patient was aware of the loss giving rise to the melancholia, that is, when he knows whom he has lost but not what it is he has lost in them. This would suggest that melancholia is in someway related to unconscious loss of a love-object, in contra-distinction to mourning in which there is nothing unconscious about the loss.<sup>2</sup>

True grief then appears very much like melancholia and melancholia itself has been found to have bereavement as a strong causal factor. The unconscious factor, indicated by the last quotation, Freud further

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2. Ibid, 155.





analyzes to show that there is a background of ambivalent feeling toward the lost. There was hate for the individual as well as love, and the loss has released the hate as well as the grief. This hate has then been turned inward by the bereaved so that he identifies himself with the hated traits in the lost, and then pours out upon himself the derision he felt for the lost but never expressed. Grief expresses itself toward a world which has become empty, while in melancholia the expression is toward an inner self which is both empty and hated. Grief and melancholia are two distinguishable states, but they are closely inter-related.

The study of depression is another area where knowledge concerning grief has been gained. Klein<sup>3</sup> finds the depressive person to be one who is unable to cope with grief because of a failure to establish an early childhood security. The mourning person goes through a modified and transitory manic-depressive state and overcomes it. If however, the individual did not build up a stable inner world in childhood, there is a failure to deal with the depression which continues and becomes more intense.

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3. Melanie Klein, "Mourning and its Relation to Manic-Depressive States", International Journal of Psychoanalysis, 21(April 1940), 125-153.







During war there is an increase of depression which derives from the various separation experiences that occur at such a time. Wilson relates these depressive states to grief thus: "Individuals with a depressive state show all the features of mourning in an unusual degree over an unusual period."<sup>4</sup> Blanton states clearly what many psychiatrists indicate.

In depression and melancholia in which grief or mourning has reached the morbid point, there is nearly always present an unconscious sense of guilt, and the former cannot be relieved unless there is some modification of the latter.<sup>5</sup>

The study of depression, then, is closely allied to the study of grief and helps to give an understanding of the psychological factors at work.

Another area of study which has shed some light on the study of grief is that of psychosomatic disorders. Weiss and English<sup>6</sup> report that many authorities agree that about one third of the apparent serious illnesses which the physician handles are without a physical basis, and that still another third of them, although showing a physical basis are nevertheless highly complicated by

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4. A. T. M. Wilson, "Reactive Emotional Disorders," Practitioner, 146(April 1941), 257.

5. Smiley Blanton and Norman V. Peale, Faith is the Answer, 138.

6. Edward Weiss and O. Spurgeon English, Psychosomatic Medicine, (Philadelphia: W. B. Sanders Co, 1943), 111.





emotional factors. One such disease is arthritis. Thomas<sup>7</sup> reports on thirty-one patients studied, all of whom had fairly severe emotional disturbances prior to the onset of arthritis. Smith<sup>8</sup> reports on one hundred and two patients studied of whom he found fifty-two to have had some kind of strong emotional experience closely related to the onset of their disease. Cobb et al<sup>9</sup> studied fifty cases and found that in thirty-one of them there was a close relationship between some stress situation and their disease and twelve more in which there was a stress situation, but in which the connection to the disease was not as close or obvious as in the first group.

In these studies of arthritis there was no breakdown of the classifications to indicate in how many cases the emotional factor was grief. However, grief is included in the listing of factors, and from the cases reported by Thomas one gleans, for example, the story of the patient whose arthritis came on three months

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7. Giles W. Thomas, "Psychic Factors in Rheumatoid Arthritis", American Journal of Psychiatry, 93 (November 1936), 695.

8. Millard Smith, "A Study of 102 Cases of Atrophic Arthritis; III Etiological Factors", The New England Journal of Medicine, 206(February 1932), 213.

9. S. Cobb, W. Bauer, and I. Whitney, "Environmental Factors in Rheumatoid Arthritis", Journal of the American Medical Association, 113(August 1939), 668-670.





after the death of her mother. There is another whose disease followed shortly after the death of an elderly woman of whom she was very fond. Still another developed her symptoms four months after the death of her mother. Another case involved grief not as the result of death, but by the loss of her husband who ran away with another woman.

Asthma is another disease in which psychosomatic factors have been found to play a large part. Weiss and English<sup>10</sup> trace asthma to ambivalent feelings regarding separation. The patient is likely to be a dependent person who is protesting against separation and at the same time protesting against being made dependant again through crying over the lost. McDermott and Cobb<sup>11</sup> in studying fifty cases found that thirty of them told convincing stories of emotional factors, and that seven more told stories where the relationship was less clear. There was no attempt to isolate grief as a causal factor, but in reviewing the case reports one finds one loss by death, one supposed death, one expected death, one divorce, one case of unfaithfulness and one case of separation caused by a brother going

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10. Op cit, 427.

11. Neil T. McDermott and Stanley Cobb, "Psychogenic factors in Asthma", Psychosomatic Medicine, 1(April 1939), 207-208.







away to college and leaving his sister behind. Three cases were aggravated by bereavement, though the bereavement was not an obvious causal factor.

In a study of forty-five patients with ulcerative colitis Lindemann<sup>12</sup> found various forms of bereavement to be the most important precipitating factor. In twenty-six of the cases there was a close time relationship between the loss of an important person and the onset of the illness. In ten more cases there had been some form of separation. Patients who had developed colitis as a result of bereavement were individuals who had had very little in the way of social contacts, and had become extremely dependent on the lost person. When this person was removed from their social orbit, they were exceedingly impoverished socially.

One of the best opportunities for systematic observation of grief came as a result of the Cocoanut Grove Fire, and was carried out at the Massachusetts General Hospital. Cobb and Lindemann report the reactions of the patients to grief thus:

Common to all of them .... was the following syndrome: sensations of somatic distress occurring

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12. Erich Lindemann, "Psychiatric Aspects of the Conservative Treatment of Ulcerative Colitis", Society Transactions, Archives of Neurology and Psychiatry, 53, (April 1945), 322.





in waves lasting from twenty minutes to one hour; a feeling of tightness in the throat, choking with shortness of breath, need for sighing, and an empty feeling in the abdomen, lack of power in the muscles, and an intense subjective distress described as tension, lonesomeness, or mental pain. The patient soon learned these waves of discomfort could be precipitated by visits, by mentioning the deceased, and by receiving sympathy. There was a tendency to avoid the syndrome at any cost, to refuse visits lest they would precipitate the reaction, and to keep deliberately from one's thoughts all references to the deceased.<sup>13</sup>

Lindemann<sup>14</sup> reports that eight or ten interviews in which the psychiatrist shares the grief over a period of four to six weeks is normally sufficient to work through these grief reactions. However, there was a marked tendency on the part of the bereaved to follow one of two morbid patterns, either to delay their grief reaction or to distort it. The distortions took one of several forms. There was 1) overactivity without a sense of loss, 2) the acquisition of symptoms of the last illness of the deceased (or in the case of the Cocoanut Grove victims, an identification with the last behavior of the lost), 3) a psychosomatic disorder, 4) a change in relationships to friends and

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13. Stanley Cobb and Erich Lindemann, "Neuropsychiatric Observations", Annals of Surgery, 117, (June 1943), 819.

14. Erich Lindemann, "Symptomatology and Management of Acute Grief", American Journal of Psychiatry, 101, (September 1944), 144.





relatives in general or hostility toward a specific person, 5) a suppression of all emotion, 6) a loss of patterns of social interaction, 7) self-punitive behavior, or finally, 8) a straight agitated depression.

Psychiatric treatment consists in sharing the patient's grief work, but this may be complicated by hostility, in which there is a great deal of difficulty in getting the patient to do grief work. In agitated depression it may even be necessary to use drugs or shock therapy.

#### INTERVIEWS WITH PRACTITIONERS

Interviews were held with three psychiatrists and one pastoral psychologist. The first interview was with a psychiatrist<sup>15</sup> who has a private practice.

#### INTERVIEW I

To this psychiatrist grief is the result of any separation experience, and the key question in any individual bereavement is, what did the other person mean to the bereaved? What did he unconsciously represent to the grief stricken?

This point was illustrated by the case of a patient who lost her husband and instead of getting over her grief went into a long depression from which she did not recover. Interviews finally revealed that she had had a chaotic and unstable childhood. Then she made a very fortunate marriage

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15. Leo Berman, Boston, 1947.







and found in her husband all the love, affection, and security which she had not known before. He was the foundation of her world. When he went all of her security was gone. The result was the depression which sent her to the psychiatrist.

Another reaction is that resulting from suppressed hostility toward the lost one. For example, a daughter gave several years to the care of her invalid mother. Then the mother died. Following her death the daughter had a breakdown which finally led her to seek psychiatric help. She spoke much of the work and sacrifice by which she had expressed her devotion to her mother. This constant reiteration, however, proved to be the reaction to guilt feelings. Analysis brought out the fact that the bereaved had had death wishes toward her mother, and when her mother actually died her feelings of guilt had brought on the breakdown.

Still another meaning which the lost has for the bereaved is brought on by the immaturity of the latter. The lost one may have been someone on whom the bereaved leaned heavily. The loss thus takes away the security which the bereaved had found in him.

While the intensity of grief is determined by the meaning which the lost had for the individual, the effect produced is dependent upon the way in which the individual habitually solves his problems. In this, grief is basically much the same as the neurosis. One person suffering bereavement might respond with ulcerative colitis while another may respond with a severe depression, even though in each case the relationship to the lost was much the same. The particular syndrome used to express the grief is an individual matter.

The question of therapy is likewise largely an individual matter. The counselor must get the whole mental picture and attitude of the individual before urging an expression of grief, or offering consolation. In general a certain amount of guilt and sorrow need to be expressed and the quality and quantity may vary considerably. It is necessary to discover what stage of development the bereaved is in - is he in a stage of mock grief which he needs to express? is he in





a state of desire to repress? is he ready for assurance? The therapist must take his lead from the bereaved. This lead is always forthcoming if the therapist is sensitive enough to detect it.

In general, the bereaved always needs someone to lean on, and the clergyman might well be that person. If the individual's religious beliefs and practices are known, the direct use of religion can bring comfort to him. Even persons who have no formal religious training often gets real comfort from thoughts of "heaven" and eternal life.

Another area in which the clergyman needs to be proficient is in recognizing bereaved persons who have gone beyond the usual reaction and need special care. This is especially important in the less dramatic or less obvious cases. This might be the parent, for example, who finds it hard to be a good parent, who is rough and abusive to his child. This may be an expression of grief. If the clergyman can recognize this, he can take steps to provide the care necessary for the bereaved; and if he fails to recognize it, there may be increased difficulty in the personality of the individual.

The second interview was held with a pastoral psychologist.<sup>16</sup>

This psychologist emphasized that grief is a universal experience suffered in any loss or separation. It is a much broader experience than death and is inevitable. It begins with the birth trauma, and extends through the various experiences of life. It was shown in the reactions of draftees during the war. One sees symptom manifestations of it in weaning, in leaving home, among children sent to camp, school or college; and one saw much of it in all kinds of war separations. Even when one loses part of his fortune there is grief, as there is in the

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16. Professor A. Philip Guiles, Newton Center, Mass, 1947.





loss of a member of the body.

This separation and loss may be of anything which has been a part of the emotional constellation of the inner life of a person. A man who has lost a favorite pipe, or a child who has lost a fetish such as a favorite teddy bear will suffer from the taking from their affections something on which they have been fixed. A person or an object is lost when it can no longer be included in the affect system of an individual. In unrequited love where there is no return of affection there is a threat, a blow, an amputation of the emotional system of the individual. "Blue Monday" is another grief experience in which the individual is separated from the world of the weekend to which he would like to return, to go instead to a condition of shop or office which he does not like.

Grief is another name for depression, and the real question is, what is the person's toleration span for the injury to or the amputation of constellation systems within the emotional life. The inner life of a baby is as filled with universal forces as the universe itself. Furthermore the observations of science are unreliable when applied to human beings because the human being is not isolated structures or functions, but a whole. Observations in the time of crisis tell a limited amount concerning the individual. Since, also, every individual is different from every other human creature and generalizations are often erroneous or at least inapplicable. Something might be true of other bereaved persons which would not be true of this one, and conversely, something true might be found in this individual which would not be true of any other. This then leads us back to the question, how does this individual react to his loss? This is a peculiar individual, what does the loss mean to him.

Therapy consists in bringing out the affect values through human relationships so that the individual will not regress to isolation. The human being is a social being and for him isolation is hell. He thrives on emotional interests in other people.

The task of the pastor is to endeavor to close





in with the individual by endeavoring to fill in the gap with all manner of symbols such as gifts, deeds and acts. One should not allow the individual to get on the street alone as his usual instinct for self preservation is gone, or at least off balance. One function of wakes is that they keep people from getting out of sight, which is a very important service in the time of bereavement. Socializing the bereaved, however, is not always an easy process. The clergyman has to win his own way into the individual before he can bring him back into the social sphere. With some people this is a relatively short process, with others it is more prolonged. Anyone in a depression tends to avoid the demands of a social situation. Hence it is necessary to locate the person first so as not to attempt to socialize him too soon. Such an attempt may even delay the grief reaction. It is necessary to locate the individual and to feed his "growing edge"; to take him where he is and to lead him gently from there toward full socialization.

One generalized observation which can be made is that immature persons of a herd or collectivist type, such as the Roman Catholic or various ethnic groups will come back faster than more individualized persons. Herd types gain strength from their group while individualized people are more likely to withdraw and to become isolated.

The third interview was with a hospital psychiatrist.<sup>17</sup>

He emphasized the fact that the grief reaction in each individual is different, but that in general reactions could be classed as either "normal" or "morbid". Often the reaction takes the form of regression in which the individual loses his social adequacy. Morbid grief reactions arise from there having been abnormal ties between the deceased and the bereaved, usually with hostility and guilt feelings involved. In any case of strong grief there is likely to be manifestations of poor judgment, and in acute grief, of an excessive in-

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17. Warren T. Vaughn, Jr., Massachusetts Memorial Hospital, Boston, 1947.





capacity to carry on activities and functions which have been within the range of the individuals abilities.

Grief is a normal mechanism or resultant of a crisis which means a sudden severe upset in the equilibrium which has been developed over the years. To a child phantasy life is very real, and thus there may be a great deal of identification with a teddy bear, for example. The breaking of this relationship through loss of the teddy bear may bring strong grief reactions. If the attachment of the bereaved to the deceased was morbid, then the grief is likely to take morbid lines. Normal major grief is likely to last from six to eighteen months, but in the case of very severe grief such as the loss of a husband or child the bereaved may still experience somatic stress when reminded of his loss.

Individual differences modified by past experiences and emotional ties to the lost as well as the strength and number of other interpersonal relationships all go to determine the grief experience of any person. Latent aggressive feelings or death wishes are likely to make the grief severe. This aggression may be released and turned within so as to create destructive attitudes and actions toward the individual himself, or it may come to the surface and release the guilt feelings through attacks on other people.

Grief work consists largely in review of experiences shared with the deceased. Some find these too painful to undergo alone, and do better through sharing them with a sympathetic listener. Reviewing experiences may further repress guilt feelings, however, and it may be better to seek to manipulate the environment. Getting a job, or some other interest which gets the libido to flowing outward may enable the individual successfully to repress his guilt feelings. These repressed guilt feelings can be successfully handled if the energy can be drained off in some interest or activity.

A further step in grief work is the developing of substitutes to take the place of the interaction rate which has been upset. It is important that in some way one fill the gap in his daily life developed by the loss. This is done by the psychiatrist himself in treating the individual as a patient.





The clergyman might be hindered in this relationship because of his traditional moralistic and judgmental role.

The fourth interview was also with a psychiatrist.<sup>18</sup>

Grief for this psychiatrist is a gap in one's emotional life. It is a primitive reaction to loss of some libidinal energy coming in through affection. The person makes a strong effort to cope with sorrow. He seeks comfort, and an effort is made to feel that this loss is not a permanent one. An image is formed as if the person were still alive. The presence of this image actually constitutes a denial of grief as the individual has to cope with memories, pleasant and unpleasant, if he is to do successful grief work. In morbid grief reactions the bereaved is unable to remember; unable to have any clear vision, the deceased has disappeared by being swallowed up. This gives insight into melancholia, ulcerative colitis, and even depression. Since one cannot review the necessary memories to relieve the grief, it manifests itself in these symptomatic forms.

Any psychiatric disturbance is a regression. The greater the stimulus the more primitive the reaction is. Grief represents a state of a child deprived of food. A person recovering from grief is one who discovers new forms of nourishment that are satisfying. The adult as well as the child has to have certain minimum rewarding experiences coming in through social relationships. In grief this supply of affection has been cut. The severity of the grief is determined by the importance of the relationship to the bereaved. The sense of loss can be overwhelming if the individual feels that he has lost everything. He may so identify himself with the lost person that he feels he himself has died.

Two general methods of dealing with grief are available. The first is the direct attempt to allow the person to ventilate his feelings. This

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18. Henry Brewster, Massachusetts General Hospital, Boston, 1947.





method is satisfactory in some normal grief. For more acute normal grief and in morbid grief there is a psychotherapeutic approach. This consists of attempting to assume a meaningful role for the bereaved. The sooner after bereavement this is done the less defense mechanisms will have had an opportunity to come into play, and the more available the individual is to therapy.

Clergymen can well serve any bereaved person to whom they are accessible and eligible. There is no limit to the clergyman sharing grief work except as he is inaccessible in social relations or from inability to make contact. The acid test of this is the response of the individual to the clergyman's efforts. There are two pitfalls in abnormal grief, however. The first is that there might be no response from the bereaved, and the second is that an attempt to do grief work might increase guilt feelings, and interfere with therapy or even lead to suicide. In general it is better to allow psychiatrists to handle abnormal grief, and often even they cannot reach these patients. In this case it is necessary to hospitalize the individual and to give him shock therapy.

Another aspect of grief which is just being given adequate consideration is the inter-relationship of griever in a family situation. For example, if a man dies leaving a ten year old son who is the patient under treatment, the mother also grieves and her grief affects the child. She may have a reaction of hostility to the child. The child having lost his father and suffered from the hostility of his mother may become neurotic. This in turn may increase the hostility of the mother and a vicious circle is set up. This, again may be multiplied by many members in a larger family. Following this pattern, grief may show up not as grief at all, but as a marital problem, for example, if the wife comes seeking help because of the husband's changed character due to grief.

#### SUMMARY OF CHAPTER

Psychiatrists working with disturbed persons have discovered the destructive effects of grief.





Their experience has been for the most part with individuals who have been unsuccessful in overcoming grief, and have had to seek psychiatric care. From their study of morbid reactions, however, they have formulated certain conclusions which point to an understanding of grief in all degrees of intensity. Furthermore, with the Cocoanut Grove fire and other opportunities, especially in hospital settings, they have had an opportunity to study grief reactions in their uncomplicated forms. From this have come certain understandings which have been referred to above and which will be further developed especially in chapters four, five and six.

In brief psychiatrists have found 1) that grief reactions are due to separation from familiar objects and persons as well as to death. Further they found 2) that delayed grief reactions may be distorted and become causal factors in various illnesses including melancholia, depression, arthritis, asthma, and ulcerative colitis. 3) Dr. Lindemann and his colleagues discovered a rather definite pattern which prevails in all freely expressed grief.<sup>19</sup> 4) In delayed grief the particular form of reaction depends on i) the manner in which the individual habitually reacts to frustrations and ii) the meaning which the deceased had for

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19. cf. ante, 69f.





the bereaved. 5) Therapy consists in, 1) helping the bereaved to ventilate his feelings, ii) the counselor assuming a meaningful role for the bereaved, and iii) helping the bereaved to establish new social contacts to replace the one broken.

1. *Definition of grief.* Grief, as we pointed out,<sup>1</sup> is a common experience which in its earlier stages affects everyone and in its pathological manifestations becomes a serious personality problem. The experience of such a common and painful feeling is a proper subject for study.

2. *Stages of the grief experience.* There is a common pathological condition known as *grief* which is involved in most grief experiences. In spite of the fact that it occurs in all grief and other persons who would not be in grief. There is a relationship to the fact that, even in most grief situations which are almost enough to be seen pathologically. Grief, as it is called upon,<sup>2</sup> is a state of mind which is characterized by a feeling of loss and a feeling of grief. The loss of a person becomes a problem in grief as this is a state of mind which is the state of personal attachment. This field of study

1. *Op. cit.*, pp. 22-23.

2. *Op. cit.*, pp. 22-23.

3. *Op. cit.*, pp. 22-23.





## CHAPTER IV

### THE PSYCHODYNAMICS OF GRIEF

In order to understand grief and to find an intelligent therapy for it one must examine the psychological dynamics involved. Grief, as was pointed out,<sup>1</sup> is a common experience which in its milder forms concerns everyone and in its pathological manifestations becomes a serious personality problem. The dynamics of such a common and powerful force is a proper object for study.

1. Back of the grief experience often lies a broken interpersonal relationship. Such a relationship is involved in most grief experiences in which the individual is aware of his grief and other persons are aware that he is grieving. Such a relationship is involved, too, in most grief situations which are strong enough to become pathological. However, as is indicated above,<sup>2</sup> losses other than interpersonal relationships may bring on grief. The loss of a pipe<sup>3</sup> becomes a problem in grief as this breaks a familiar object from the sphere of personal interaction. This field of in-

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1. cf. ante, 2f.

2. cf. ante, 2f.

3. cf. ante, 74.





teraction may be carried on through any of the senses as the visual familiarity of the walls of a room or the kinesthetic familiarity involved in moving about in a well known house. Since, however, this interaction is more dynamic and more complex in interpersonal relationships the discussion here will be directed to that area.

In chapter three mental states and psychosomatic disorders were discussed as being traceable to the loss of an individual who had meaning to the bereaved. Freud<sup>4</sup> states that mourning results either from the loss of a person or an abstraction which takes the place of a person. Lindemann<sup>5</sup> warns that grief over an object such as money may have significance because its loss means the loss of friends one had only because of his money. In other words, grief apparently brought on by the loss of an object actually may be brought on by a loss of interpersonal relationships.

Interpersonal psychology seeks to understand and to interpret the relationships which develop between persons. In discussing the formulation of a group Moreno says,

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4. Sigmund Freud, "Mourning and Melancholia", 153.

5. Eric Lindemann, as reported by Seward Hiltner in typewritten notes on a meeting of the Commission on Religion and Health of the Federal Council of Churches of Christ in America, New York, October 1946.





A structure of interpersonal relations exists among psychologically proximate individuals and this structure is not reducible to any elements, units, or other 'bits of psychic stuff'. When people engage in related activity or work toward a common goal in inter-awareness, they create a group. Furthermore a group is a process not a thing. It is possible to imagine a number of persons remaining in proximity who will not develop inter-relations, but no common activity or goal can have been introduced.<sup>6</sup>

This process of interaction which makes for the formation operates between any individual and any other individual with whom he has close ties. It begins with an infant very early in his existence. "Almost from birth the infant begins to attend to the movements and objects about him."<sup>7</sup> Long before there is any evidence that the child understands what is taking place there is evidence that he feels the emotional interactions with his mother and other persons who may enter into his sphere of experience.<sup>8</sup> As he grows older his field of interaction broadens, but there are nearly always one or more persons with whom the individual's interactions are particularly strong.

The field of interaction between individuals

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6. L. J. Moreno, (Ed), Group Psychotherapy, (New York: Beacon House, 1945), 218.

7. Harry Stack Sullivan, Conceptions of Modern Psychiatry, (Washington D. C.: William Alanson White Psychiatric Foundation), 15.

8. cf. Ibid, 8.





becomes a part of the individual himself. There is no clearly defined limit to one's individual self. The self goes beyond the body and becomes fused with other selves and with objects. Other individuals with whom one has a close relationship thus in a real sense become a part of one's self. Furthermore the whole field of interaction between the two becomes a part of each personality. The husband and wife who have become accustomed to doing many things together have in a true sense become one in a large area of their lives.

In this field of interaction the individual gains two important elements according to Sullivan, namely, satisfaction and security.<sup>9</sup> There is satisfaction as the individual gains approval from those with whom he has interaction. There is a sense of security as he finds himself accepted and sustained by others. If the sense of satisfaction and security become to a large extent invested in one person, then the loss of that person becomes highly disrupting.

The breaking of an interpersonal relationship results in grief. Rosenbaum attributes depression states of mind to the loss of a loved object, whether the loss is real or fancied. He cites the case of a

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9. cf. Ibid, 6.





young girl whose mother had died when she was three years old. She had had many family and institutional homes before coming to her present home where she had adjusted well. Then suddenly she became a behavior problem. Investigation showed that she became a problem when she learned that her new father was talking of joining the Merchant Marines. "Thus we see her experiencing the trauma most painful to her, that of being rejected by a loved person, a trauma she had experienced many times in her life."<sup>10</sup>

MacDougall says that what happens in sorrow is that a "part of the larger self has been torn away."<sup>11</sup> Greer<sup>12</sup> describes the loss in terms of a loss of activity. In cases where the relationship has been very close, such as where the bereaved has long taken care of the deceased, there has grown up a sphere of interaction. The bereaved has become accustomed to doing many things for and with the other. Now it is no longer possible to do them as the avenues for doing them have been cut off. This investigator had the report of a

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10. Milton Rosenbaum, "Emotional Aspects of War Time Separations", Family, 24(January 1944), 337f.

11. W. MacDougall, An Introduction to Social Psychology, (Boston: John W. Luce & Co., 1918), 156.

12. Ina May Greer, "Description of Syndrome", unpublished notes, (Boston, 1947).





woman who for nearly a decade of widowhood had been particularly close to a sister-in-law. Every Thursday afternoon the sister-in-law would ring the door bell, the lady of the house would go down from her third floor apartment to the first floor to help carry up the groceries which she brought, and then the two would spend the afternoon together. Months after the sister-in-law had died the bereaved would find herself listening for the doorbell and waiting for the deceased to come.

Fairbanks<sup>13</sup> diagramed one's interpersonal relationships as the poles of a wigwam. If there are only two poles, only two individuals in the sphere of interaction, and one of these is taken away then the other often is unable to stand alone. If there are three poles, the individual and two companions, then the individual losing one companion receives some support from the remaining one. The more poles (companions) there are in the relationship the less likelihood there is of a breakdown. In this way Fairbanks illustrated his point that the more completely one individual was dependent on another for his socialization the greater his grief reaction would be at the loss of the other.

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13. Rollin J. Fairbanks, "Understanding Bereavement", a lecture delivered at the Summer Session of the Institute of Pastoral Care, Massachusetts General Hospital, Boston, 1947.





Interpersonal relationships, then, are part of the psychological field of the self and the breaking of an important relationship produces a grief in the separated individual. The intensity of the relationship and its importance to the individual works to determine the strength of the grief reaction.

2) Another factor in the psychodynamics of grief is the presence of a static image of the deceased.<sup>14</sup> The bereaved has some clear mental picture of the lost one which remains stereotyped as it reappears in the field of consciousness. Each time it appears it brings with it a physical distress. The bereaved has to cope with memories, pleasant and unpleasant, which are formed around the deceased. He has to live through again in memory the relationships that he had with the deceased, especially as they relate to the image which he holds.

If the bereaved accepts some individual, such as a pastor or doctor or friend into his confidence, he will very likely talk about the deceased in a very idealizing manner. Having someone with whom he can talk enables him better to undergo the pain of the

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14. Erich Lindemann, Lecture at the meeting of the Commission on Religion and Health of the Federal Council of Churches, New York, 1946, as summarized by Seward Hiltner.





distress caused by the mental image which he holds. The one who would successfully overcome his grief has to find some way of enduring this image and of coping with it. He must face it, accept it, and live with it until he has had an opportunity to talk about it with some one whom he can accept.

Not all who grieve are able to stand the discomfort which accompanies the acceptance of the mental image to the extent of talking about it. The bereaved who find the distress too much to bear often seek some means of escaping from it. One may withdraw from all social contacts, and seek to avoid talking with anyone. Thus the necessity for bringing the image into direct discussion will be avoided. Instead of avoiding people, on the other hand, the bereaved may enter into wholly new activities and crowd out the image by busyness. Or again, suppression of the image may take the form of selling or otherwise disposing of everything that seems to remind the bereaved of the deceased, as clothes, pictures, and souvenirs of all kinds which may be disposed of recklessly and wholesale.

Sometimes the effort to free one's self from the image is successful so that there is no trace of it left in the consciousness. When this happens it



distress caused by the mental image which is before  
The one who would successfully overcome the mind, has  
to find some way of subduing this image and of coping  
with it. He must face it, accept it, and live with it  
until he has had an opportunity to feel about it with  
peace and when he can accept it.

But all the while we have to stand the dis-  
comfort which accompanies the acceptance of the mental  
image in the midst of coping with it. The person  
who finds this distress too much to bear often goes  
some means of escaping from it. The way which leads  
all social contacts, and even to avoid dealing with  
himself. Thus the tendency to bringing the image into  
direct discussion will be avoided. Instead of  
avoiding people, or the other hand, the person may  
enter into wholly new activities and occupy all the  
image by himself. Or again, suppression of the  
image may take the form of selling or donating the  
power of everything that seems to remind the person  
of the distress, as clothes, pictures, and so on.  
Of all kinds which can be disposed of, religiously and  
wholesome.

Sometimes the effort to free one's self from  
the image is unsuccessful so that there is no escape  
it left in the consciousness. When this happens it

reappears as part of the bereaved. Through the process of identification the bereaved takes on the pattern of the deceased. This is illustrated, for example, by a man whose father died of heart disease. In a few weeks the son went to a physician with the firm conviction that he himself had developed a heart disease.

In some cases the bereaved persons who make no conscious effort to suppress the mental image of the deceased are unable to remember what the deceased looked like.<sup>15</sup> The deceased person had been entirely lost. Grief work is not carried through in this case, and some pathological condition such as ulcerative colitis or melancholia is likely to appear.

3. Another factor to be considered in the psychodynamics of grief is that it is an emotion. Fairbanks defines grief as "a dynamic emotion resulting from a break in an important interpersonal relationship."<sup>16</sup> A discussion of emotion is given in chapter one.<sup>17</sup> Here it is examined as it relates

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15. Henry H. Brewster, Massachusetts General Hospital, in a personal interview, Boston, 1947.

16. Rollin J. Fairbanks, Lecture at a meeting of the Commission on Religion and Health of the Federal Council of Churches, New York, 1946, as summarized by Seward Hiltner.

17. cf. ante, 10.





specifically to grief. One aspect of an emotion is that there takes place physical disturbance in the glandular and functional operations of the body.<sup>18</sup> That there is acute distress in grief has been reported by Greer<sup>19</sup> and Lindemann.<sup>20</sup> This distress is strong enough to deter many bereaved from doing grief work.

Another element of emotion which gives us understanding of any particular instance of grief is that it is affected by conscious ideas concerning the way a particular situation relates to one's needs and values.<sup>21</sup> Berman<sup>22</sup> emphasized as a basic principle the need to discover what the deceased meant to the bereaved. If the deceased has a basic position in satisfying the constellation of needs and values of the bereaved the meaning of the loss is greater, and hence the emotion is more intense. A mild emotion

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18. This has been elaborately reported, for example in Walter B. Cannon, Bodily Changes in Pain, Hunger, Fear, and Rage, (New York: D. Appleton & Co. 1929).

19. cf. ante, 9.

20. cf. post, 97.

21. Paul E. Johnson, Psychology of Religion, (New York: Abingdon-Cokesbury Press, 1945), 51 ff.

22. Leo Berman, In a personal interview, Boston, 1947.





is a tonic to the functioning of one's body, but a strong emotion is disruptive of not only the functioning of the physical body, but of the psychological and social life of the individual as well.

4) A fourth aspect of grief is the likelihood of ambivalent feelings being present. Feelings of relief at the death of one who has been a care and a burden may be present along with the feeling of loss. Psychiatrists have contributed to psychological thought the observation that love and hate are both involved in the relationship of one person to another.<sup>23</sup> The infant finds in his mother a source of love. He gets from her the food to satisfy his appetite and thus he receives pleasure. Likewise he receives from her affection which not only gives him pleasure, but a feeling of security as well. To this pleasure and affection he responds with love.

On the other hand, these pleasures may not always be forthcoming when they are desired. The infant may have to wait for his food, or he may have to postpone for a considerable time the obtaining of affection which he desires. This frustration makes for feelings of hatred. The alternation of satisfaction

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23. Karl Menninger, Love against Hate, (New York: Harcourt, Bruce and Company, 1942), in tota.



is a state of the functioning of one's body, but a  
 strong emotion is characterized by not only the function-  
 ing of the physical body, but of the psychological and  
 social life of the individual as well.

(2) A famous aspect of grief is the loss of  
 of individual feelings being present. Feelings of  
 relief as the death of one who has been a care and  
 a burden may be present along with the feeling of  
 loss. Psychologists have distinguished two categories  
 through the investigation of love and hate and have  
 involved in the relationship of the person to another.

The latent form in his nature a source of love. He  
 gets from the love is actually his specific and  
 from his positive pleasure. It is the positive form  
 his affection which has only a slight pleasure,  
 but a feeling of security as well. To this pleasure  
 and affection he responds with love.

On the other hand, there is a negative form  
 which is responding when they are denied. This  
 form may have to wait for the time, or he may have  
 to postpone for a considerable time the obtaining of  
 affection which he desires. This frustration leads to  
 feelings of hatred. The development of affection

and affection with frustration and displeasure makes for ambivalent feelings of love and hate being present at the same time for and against the same person.

Later experiences of life tend to amplify this pattern. A child has to deny his drives and desires to achieve harmony with other persons. His parents who provide him with shelter and food, security and affection also discipline him and compel him to conform to socially accepted patterns of behavior. Thus those whom he loves become also objects of hatred. There is a conflict of ambivalent feelings at work within the individual.

This pattern of ambivalence may be complicated by the repressions of hostile feelings into the unconscious. A child soon learns that the expression of hostile feelings towards his parents defeats his own desire for affection. Such expression endangers his own security and probably brings reprisals. In the adult this repression is likely to result from compulsions of the conscience. One does not ordinarily express hostile feelings towards one's mother or spouse or other intimates. If the training of the conscience has been rigid, one does not even admit to one's self that such feelings of hostility exist. Thus they are totally repressed and driven from awareness.





Hostile feelings are totally repressed, that is, until some experience such as bereavement releases them. The coming of the emotion of grief releases also other emotions which have fixed themselves on the same individual. Thus the daughter who has given up years to the care of her invalid mother may have successfully repressed her feelings of resentment, possibly desires that her mother might die so she could be rid of her burden, and other hostile feelings. During these years there is outward manifestation and even conscious expression of care and affection only. Then the mother dies, and grief comes. At the same time, however, there are feelings of relief at being rid of this burden.

Variations of this feeling may also arise with married persons. A woman may have had a difficult husband for whom she had deep affection, but for whom also she had strong feelings of hostility. When death takes him she finds her grief mingled with relief. Likewise, a son who had a harsh father may have these contradictory attitudes which when death removes the father makes for a strong ambivalence of feeling.

5) Usually present as part of the psychodynamics of grief are guilt feelings. Blanton<sup>24</sup> states that

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24. Smiley Blanton and Norman V. Peale, "Grief and Sorrow", Faith Is The Answer, (New York: Abingdon-Cokesbury, 1940), 138.





where grief has reached the morbid point of melancholia or a depression there is nearly always an unconscious sense of guilt present. Furthermore, the morbid state cannot be relieved until some modification has been achieved. In the discussion leading up to this statement he cites a case of a woman who was resentful and antagonistic over her pregnancy. When her child died a few years later she had a morbid reaction because her conscience had interpreted the hostile feelings as a death wish.<sup>25</sup>

Guilt feelings are present, however, in most instances of grief even without the morbid manifestations. This is a logical development from ambivalent feelings. The release of hostility at the time of grief is very likely to result in a feeling of guilt concerning it. The intensity of the disturbance at the time of bereavement may well be greatly amplified if these feelings are strong.

Sherrill<sup>26</sup> points out that guilt feelings may bear little or no relation to the fact with which it is associated. One may or may not have done something

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25. Ibid, 136.

26. Lewis J. Sherrill, Guilt and Redemption, (Richmond: John Knox Press, 1945), 28.





or failed to do something for which others hold him accountable. He may feel that he has done wrong or failed to meet an obligation even though he may not have any reasoned basis for his feeling. This discrepancy between fact and feeling makes guilt very difficult to handle.

Guilt is a vital factor in grief in one way because of the possibility that the one afflicted with these feelings may have a destructive attitude toward himself. Suicidal tendencies or the ineffective operation of self-preservation reactions may endanger the life of the griever so that he needs constant supervision. Where no immediate personal danger threatens there is still the factor of the prolongation of grief in instances where the individual is unable to feel himself forgiven. To overcome his guilt feelings such an individual needs help in facing them and in understanding them.

#### SUMMARY OF CHAPTER

Grief is generally 1) a broken interpersonal relationship which results in 2) the bereaved having a static image of the deceased. 3) This results in a strong emotion which 4) may be intensified by ambivalent feelings toward the deceased. 5) These ambivalent feelings in turn may be a causal factor in





producing guilt feelings. Guilt in turn produces personality disintegration with self punitive or self destructive impulses. It also leads to social isolation as the individual seeks to avoid interpersonal contacts.

The purpose of this chapter is to discuss the effects of these phenomena to discover the available information regarding them.

1. The first and most obvious reaction to grief is a certain mental withdrawal. This is the state which is brought on by the bereavement itself, and by talking about the deceased, by dwelling with one's self upon what remains the interests of the deceased, or by any concerns which enter the mind while the bereaved is in this state. The investigator has no opportunity to observe all elderly and who had lost their wife. The only group who participated were the bereaved group of 1944-1945. The two had been and the one deceased had participated during their life. In consequence they had been in

2. John G. Thompson, "Psychological and Physiological of Grief," *The Journal of Psychology*, 1947, 19(1), 1-12.





## CHAPTER V

### REACTIONS TO GRIEF

Considerable interest has been manifest in recent years by certain clinical workers in the pattern of reaction which is manifest in bereavement. Lindemann, for example, made a systematic study of one hundred and one patients and reported his results.<sup>1</sup> It will be the purpose of this chapter to examine the studies of these phenomena to discover the available information concerning them.

1. The first and most obvious reaction to grief is a certain somatic syndrome. This is an acute distress which is brought on by the bereavement event, and by talking about the deceased, by dealing with some object which reminds the bereaved of the deceased, or by any occurrence which makes the loss vivid to the bereaved. The investigator had an opportunity to observe an elderly man who had lost his wife. One such attack was precipitated when the bereaved thought of plans which the two had made and how the deceased had anticipated carrying them out. In anticipation they had meant so

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1. Erich Lindemann, "Symptomatology and Management of Acute Grief", The American Journal of Psychiatry, 101(September 1944), 141-148.





much to the deceased, but now she would never realize them.

Lindemann<sup>2</sup>, Cobb and Lindemann<sup>3</sup>, and Greer<sup>4</sup>, have described the common elements of this distress as it is seen in most bereavements. These periods last from twenty minutes to an hour and have certain common manifestations. 1) There is a chocking in the throat accompanied by 2) a shortness of breath. 3) Accompanying the shortness of breath is a need for sighing which is particularly strong when the bereaved tries to talk about the deceased. 4) The bereaved complains of an empty feeling in the abdomen together with a feeling that the digestive system is not functioning properly, and a distaste for all food. 5) There is always a feeling of exhaustion and lack of strength. Any attempt at physical effort seems too much, and if made leaves the individual completely exhausted. 6) With all this there is a strong subjective distress described as a tension or mental pain. This somatic disturbance is so uncomfortable that the bereaved seeks to avoid it, and will

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2. Ibid, 141f.

3. Stanley Cobb and Erich Lindemann, "Neuropsychiatric Observations", Annals of Surgery, 117 (June 1943), 819.

4. Ina May Greer, "Grief Must be Faced", 269. also, cf. ante, 9.





very often deliberately seek to avoid any one who tries to get him to talk about the deceased.

2. The second factor discovered in the reaction of bereaved persons is their increase in activity. They become very talkative and speak with a compulsive force, especially when speaking of the deceased. The individual is restless and continually moves around without any reason or purpose in his activity. It is in this area that one of the distinguishing features between grief and morbid depression is found. Cobb and Lindemann<sup>5</sup> studied this phenomena<sup>on</sup> by the use of an instrument called "interaction chronogram". By this means patients were examined during psychiatric interviews for the timing of their verbal and gestural activity. It was found that all patients examined had a tendency to out talk the examiner, and on the whole had an excess of activity over inactivity.

This finding is of especial significance because at the same time the patients were engaged in over activity they complained of apathy, lack of ability to initiate any activity by themselves, and a lack of interest in carrying out activities which formerly occupied them.

3. A third phase of bereavement reaction has to

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5. Op cit, 822.





do with the loss of behavior patterns. In spite of the fact that an individual has increased activity he lacks aim and purpose. He keeps busy as if he could not bear to be still, but at the same time it is as if he were merely going through motions which had no significance or meaning for him. He is unable to set himself to any definite task and to carry it out in any systematic way. He clings to the patterns of the daily routine which he has known in the past, but these lack the former meaning and significance.

This lack of meaning may be traced in part at least, to the fact that the significance formerly attached to the activities was obtained from their relationship to the deceased. A woman who has lost her husband, for example, has him removed from her sphere of interpersonal interactions and finds a loss in all her activities. The daily routine of getting meals was built around his schedule and his likes and dislikes. The arrangement of furniture and the whole organization of the home was carried out with reference to the things that would please him. The choice of friends and of clothes have been made with reference to his likes and in view of the things that they did together. Furthermore, certain signs of his presence around the house are now gone. The newspaper which he left on the floor beside his favorite chair no longer has to be picked up.





Instead of two sets of towels to be changed now there is only one, and there are none of his clothes to be washed and put away.

The man is gone. The bereaved widow keeps busy with her routine tasks, but there is a difference in all that she does. The affection with which she formerly worked no longer has an object to serve, and no longer receives response from the beloved. There is now a void which takes from her activities the meaning which they formerly had.

4. Another factor recognized in the reactions of bereaved persons is that there are individual differences. To a certain extent these can be grouped together into classes. A mother who loses a small child is very likely to have a severe reaction. The closeness of this relationship seems to make the reaction very strong in all cases regardless of the lack of any indications of neurotic tendencies being present before the bereavement.

The intensity of the interaction between the bereaved and the deceased before the death of the latter seems to have a very direct bearing on the intensity of the grief which the former experiences. Where there has been a very deep affection or where there has been a strong dependency of the bereaved on the deceased the grief reaction is likely to be very severe. Two persons





strongly affected by the death of a middle aged woman were her husband and mother. The mother had never weaned her daughter psychologically. To feed her own starved emotions she had held her daughter to her, dominated her life, and living with her even in marriage had managed her life even down to the smallest details of every household task. When the daughter died, others who might have filled in as substitutes strongly resisted any efforts at domination. Thus the mother had a long gap in the whole field of interpersonal reactions which made for a prolonged period of acute distress.

The husband, on the other hand, had not only a strong affection for his wife, but had depended on her for the management of the family business affairs. Banking, insurance, and buying had all been left to her. Then she died. The husband had to take over. There constantly arose the question, "what did she do here?", or "where did she put that?" At every turn where a new responsibility had to be taken up there was the thought that the deceased had known the answers to the many details. This constant awareness of loss of one who had had such a large place in the bereaved's sphere of interaction made for a strong grief reaction. Not only intensity of the interaction is involved in the above, but the meaning which the deceased had for the bereaved as well.

Individual differences based on the cultural





background of the bereaved have not been extensively studied, but there is some indication that there are racial, geographical and religious differences. The greatest difficulty seems to be with the Nordic people who have been taught to believe that it is wrong to grieve or to give outward manifestation of their emotions. On the other hand, Italians, for instance, who are more given to the expression of their emotions are likely to handle grief better. New Englanders who are given to the suppression of emotions seem to have more difficulty than persons in certain other parts of the country where expressions are less inhibited. Certain formal religious services where the emphasis is on stoic acceptance do not seem to be as therapeutic as some where the minister's purpose is mass emotional release.

5. In considering grief reactions notice should be given to the length of time over which they are likely to last. There will be variations according to the factors considered above. Never-the-less, with uncomplicated grief reactions in which there are two formal interviews a week with a capable counselor, the acute stage should be worked through in from four to six weeks. In cases of acute grief from such severe loss as where a mother has lost a small child, there may be occasional periods of distress lasting over several months, but they should not be as disrupting as those





occurring during the first weeks of bereavement.

6. The above discussion deals with grief reactions in which there are no complicating factors. These are the usual reactions of emotionally healthy persons in uncomplicated circumstances. Morbid grief reactions may take various forms. 1) There is at first a delay or a postponement of the reaction. This may be either a conscious or an unconscious reaction. Because of the distress of the somatic syndrome mentioned above, the bereaved may consciously seek to avoid any situation which will remind him of the deceased. He may refuse counseling interviews and refuse to talk about the deceased with any of his friends. He may dispose of all the deceased's belongings, together with any keepsakes or possessions of his own which have special meaning because of the relationship to her. The significant factor here is <sup>^</sup>the avoidance is consciously determined.

The delay of grief reactions may be unconsciously a denial of loss. The meaning of the deceased for the bereaved may have been so significant that the latter can not allow himself to accept the fact that the former is gone. If the husband has been very dependent on the deceased, or his whole life structure has had meaning because of the presence of the one now gone, the loss may be too painful for the unconscious self even to admit. The denial may be actual while the be-





reaved does not even realize that he is making it. The husband who had been working with his wife on certain projects may continue to order his day with the conscious feeling that she will approve this, or that that thing will please her. He may have her place fixed at the table. He may talk to her, tell her how wonderful she is, how he is trying to do this or that to please her.

This delay of grief may be of a short duration or it may be extended for years. A woman who lost her only child a few days after birth delayed her grief work for many years. When her husband died several years after the loss of her child she gave herself wholly to the care of her aged mother. Again, several years elapsed before the death of her mother finally left her alone. It was on the death of her mother that her grief for her child and husband became acute. This delaying of grief until the reaction is precipitated by another loss is not an uncommon phenomenon.

Another way in which the grief reaction may become active is by deliberate facing of the circumstances which surrounded the bereavement. In an effort to deal with some of the distorted reactions discussed below a psychiatrist would be very likely to bring this about. To solve the distorted reactions he would first seek to transform them to the usual uncomplicated reaction which could then be worked through.





During the delay or denial of grief there may be some form of 11) distorted reaction. Instead of the usual somatic syndrome there may be a change in the patient's conduct. These changes may not be serious enough to lead the person to seek out a psychiatrist, but one skilled in diagnosis may recognize them as the manifestations of unresolved grief. If recognized some of them may respond readily to psychiatric treatment.

The distorted reactions as listed by Lindemann<sup>6</sup> are the following. (1) Overactivity without a sense of loss. The bereaved may even have a feeling of well being and of enthusiasm. He may seek to undertake ambitious programs, especially something similar to that previously carried out by the deceased. The man may take up the writing project which had been carried on by the wife, or a wife may attempt to carry on and to expand her husband's business.

(2) The second distorted reaction which may occur is the acquisition of symptoms belonging to the last illness of the deceased. This may become an identification with the behavior of the deceased as was the case of some of the victims of the Cocoanut

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6. Erich Lindemann, "Symptomatology and Management of Acute Grief", 144f.





Grove Fire.<sup>7</sup> In this process there seems to be a pre-occupation with the symptoms or actions surrounding the last illness of the deceased until gradually the bereaved sees them as part of his own person. He absorbs into himself the features of behavior of the other person which were most impressive to him. This is an unconscious acquisition, and if the fact of it is pointed out to the patient he is likely to be amazed at the similarity if he is able to accept the explanation at all.

(3) A distorted grief reaction may consist of a psychosomatic disease. Ulcerative colitis, rheumatoid arthritis, and asthma in particular have shown a close relationship to bereavement.<sup>8</sup> A close correlation has been observed between the break in relationship with an important person and the onset of one of the above illnesses. Death, disillusionment, or rejection may have caused the break, but the reaction is very much the same. In other cases the relationship between the disease and a loss is not clearly established, but not ruled out either. The rightness of the correlation of bereavement and the psychosomatic disorder is further attested to by the fact that in many instances where

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7. cf. Ibid, 142.

8. cf. ante, 66f.





the grief had been resolved the disease has been cleared up or much relieved.

(4) A change in social adjustment may manifest itself as a change in the relationship to friends and relatives. The bereaved becomes irritable and annoyed by demands of social situations. He recognizes his change in attitude and avoids former social contacts and activities lest his friends be antagonized by his critical attitude and his general lack of interest. He becomes increasingly withdrawn from social contacts and requires considerable support and encouragement to re-establish his social relationships.

(5) Instead of being generalized, hostility may be directed against specific persons. The physician who cared for the deceased in his last illness may be severely criticized for supposed mistakes or failures in his care that permitted or even brought about the person's death. This is similar in appearance to a paranoid state, but it differs in that the bereaved is not likely to take action as a true paranoid would, but limits his reaction to talk about his suspicions and bitter feelings.

(6) As a reaction against hostile feelings the patient may develop "woodenness" of emotions. He recognizes the change in his attitude toward people and





it distresses him. He feels that some vicious change has taken place in his character. In shame he tries to conceal the change as much as possible. Sometimes the concealing is successful. Along with the suppression of hostility, however, goes a suppression of all affectivity. The patient is very formal in his behavior. He reports a lack of interest in his activities, and an inability to enjoy his social contacts. If there is any hint of feeling at all it is a feeling of hostility. Such a patient responds to the therapist with hostility and requires a great deal of urging to continue the treatment.

(7) Akin to this reaction is lasting loss of patterns of social interaction. The bereaved has a strong desire to be active but is unable to initiate any activity. He is restless and unable to sleep at night, but throughout the day he cannot start any activity without some other person to act as a primer to get him going. He enjoys activities shared with others, but he is incapable of acting on his own. He lacks the ability to take the initiative or to make decisions concerning his own program. He has to be pushed or led through the ordinary activities of the day a step at a time as any organization of a continuous program is beyond him.

(8) Another grief reaction is of a self-punitive





nature. Persons adopting this pattern are active enough, but their actions lead to results which are detrimental to their own welfare. With reckless abandon they give away their possessions, and they show poor judgment in the management of their financial affairs. By stupid acts they drive away their friends and undermine their professional standing. Finally they find themselves without money, friends, or status. This is a particularly distressing grief reaction because one's family shares in the financial loss and disgrace which result. Friends may also be injured, and business partners may be ruined.

This is a difficult pattern to cope with because the individual himself seems to be unaware of what he is doing. His self punishment is on the unconscious level and is seemingly without any awareness of strong guilt feelings. Before his family and business associates can take steps to protect themselves from his change in behavior the damage is done. The process of therapy is complicated by the social destruction which has already been wrought.

(9) A few patients have the extreme reaction to grief of agitated depression. In this there are strong guilt feelings with self accusation and a recognizable desire for punishment. The individual accuses himself bitterly for real or fancied neglect





which led to the deceased's death, or at least did not prevent it. He considers himself worthless and pities his family and friends for being associated with such a worthless person as he is. He is tense, agitated and finds sleep very difficult. Such a person is suicidal and needs very careful and special handling. Shock therapy is often indicated, and seems to satisfy the need for punishment as well as provide the therapy for a renewed ability to cope with life.

#### SUMMARY OF CHAPTER

Reactions to grief are varied, and, in a sense, individual, but certain patterns have been observed. The usual uncomplicated reaction includes 1) a certain somatic syndrome together with 2) an increase in activity and with 3) a loss of behavior patterns. 4) Differences in the intensity of the interaction between the various bereaved persons and the one they have lost make for individual differences in reaction, all of which, however, 5) can be resolved in from four to six weeks of personal counseling.

6) In complicated or morbid grief reactions there may be 1) a delay or postponement in grief work while there is some 11) distorted reaction. These latter may include (1) overactivity without a sense of loss, (2) the acquisition of symptoms or behavior be-





longing to the last illness of the deceased, (3) a psychosomatic disease, (4) a change in one's relationship to friends and relatives, (5) hostility toward a specific person, (6) a "woodenness" of emotions, (7) a loss of patterns of social interaction, (8) a pattern of self punitive behavior, or, (9) agitated depression.





## CHAPTER VI

### NEEDS OF THE BEREAVED

The psychological disruption of personality caused by bereavement and the resulting grief is of sufficient intensity to create certain strong needs in the life of the individual. Old needs which were being satisfied by the deceased are now without satisfaction, and new needs are created. The grief stricken person is one who has many intensified needs which require gratification.

Often the bereaved, with the help of friends, is successful in coping with his needs without himself or his associates being consciously aware of what is taking place. With others there is a failure to meet some of these needs with a subsequent disruption of the personality. There even may be a failure to recognize either the needs or the necessity for gratifying them. That it may be clear later what therapy is indicated, this chapter will be given to an examination of these needs. This follows in logical sequence chapter four which is an examination of grief itself, and chapter five which is an examination of the way in which the bereaved react to grief. Much of this material has been introduced, but now requires further treatment from the point of view of the psychological needs of the individual.





1. The first need of the bereaved is support from others. As Fairbanks illustrates<sup>1</sup> an individual receives support from other people with whom he has close interaction. The more limited the number of persons with whom he has close interactions the more support he receives from each one. If the field of interaction is limited to one person, then that person is necessary to the emotional health of the individual. Then, if that person is removed by death, for example, the collapse of the bereaved may be highly destructive to his psychological life. This was illustrated in the case of the woman who found in her husband the support she had never received from her parents, or anyone else.<sup>2</sup> In him was concentrated the support which for others might be spread over several relationships. Hence with his death practically all the social support which she had was removed, and she suffered a severe collapse.

The meaning of this support is clarified by the analysis which Sullivan<sup>3</sup> makes of the values received by the individual from a satisfactory inter-

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1. cf. ante, 86

2. cf. ante, 71f.

3. cf. ante, 84.





personal relationship. It means, he says, both satisfaction and security. Every individual, adult as well as a child, needs satisfying experiences. These are obtained by achieving successes in interpersonal relationships which bring approval and commendation from others. This, in turn, leads to self approval and consequent satisfaction. To feel secure, also, one must have acceptance by others. When these two needs are being satisfied in a large part by one individual and that one is removed, then the result is likely to be most devastating to the psychological organization of the individual.

To meet these needs it is necessary that the individual receive support from some one else. Brewster<sup>4</sup> stresses this as the basic factor in therapy for the grief stricken. In less acute, uncomplicated grief, an individual may find sufficient support in casual contacts. Where the grief is acute, however, it is necessary that some one make a special effort to seek a meaningful role for the bereaved. The physician or the clergyman may be the one to make such an effort. By becoming the one to provide satisfaction and security the clergyman may give the support needed.

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4. cf. ante, 74.





2. The grief stricken has further need to accept the pain of bereavement. This is a need which the individual himself may very well not recognize, or even stoutly deny. However, the denial of loss or delay in the doing of grief work does not do away with grief reactions. The direct distress of the normal somatic syndrome<sup>5</sup> may be successfully eluded, but distorted reactions<sup>6</sup> arise when consciously or unconsciously the bereaved denies his loss or excessively delays his grief work. One may avoid the pain of bereavement at the present time only to have it appear later in a more diabolical form.

If one accepts the reality of his loss then a static image of the deceased appears. It has been found that the one who is successful in doing his grief work is the one who has learned to accept the presence of the image and to live with it in spite of the pain and physical discomfort which it causes and the preoccupation with it which its presence entails. This acceptance is made possible generally

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5. cf. ante, 97f.

6. cf. ante, 106f.

7. Erich Lindemann, Lecture at a meeting of the Commission on Religion and Health of the Federal Council of Churches, New York: 1946, as summarized by Seward Hiltner.





by the bereaved finding someone whom he trusts and accepts and to whom he can talk about the deceased, and about the image he has of him. As one reviews the memories surrounding the lost one he frees himself from the emotional ties which bound him to the deceased.<sup>8</sup> Thus he is free to make new emotional attachments, and to resume the regular activities of life. The pain of bereavement must be accepted, and the sooner after bereavement that it is faced the less complicated and imbedded it will be.

3. The third need which the bereaved has is for the expression of sorrow and sense of loss. Loss comes suddenly, whether one is expecting it or not, and the loss of the personal relationship and sphere of interaction is a shock to the individual. If this loss is unexpected, and involves one who has been very close to the bereaved, then the shock is proportionately greater. The result is a numbness and a failure of comprehension.

This shock of separation is a problem which arises in spite of a belief in immortality.<sup>9</sup> Even though one believes that the deceased ~~does~~ continue in another realm he is still faced with the fact that there is an

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8. Ina May Greer, "Grief Must Be Faced", 269.

9. Russel L. Dicks, Pastoral Work and Personal Counseling, (New York: The Macmillan Company, 1945), 111.





emptiness in his life where the other has been.

To make the loss real, and to orientate one's self to the changed circumstances it is necessary for him to repeat the fact and conditions of his loss. As one repeats the story of his loss time after time to new persons who come, or to a counselor, it becomes real and it is accepted.

Fairbanks<sup>10</sup> gave a hypothetical example of a woman whose young husband died suddenly. As one by one her friends come into her home she repeats the phrase, "Joe is gone", and then repeats the story of the circumstances surrounding his death. Each time the bereaved repeats the phrase, "Joe is gone", she is a little nearer to realizing the fact herself, and each time she tells the circumstances of the death she has moved a little further towards the completion of the expression of her loss.

This investigator had the opportunity to observe an elderly man who had lost his wife rather suddenly when she appeared to be recuperating from a long and serious illness. The story in all its details was repeated over and over to friends who called on the tele-

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10. Rollin J. Fairbanks, "Understanding Bereavement", a lecture delivered at the Summer Session of the Institute of Pastoral Care, Massachusetts General Hospital, Boston, 1947.





phone, later when friends came to view the body at the funeral home the story was repeated to each new arrival. As the story was told repeatedly the sorrow and sense of loss were relieved of much of their tension and emotional charge.

4. The bereaved need an opportunity for the verbalization of feelings of hostility and guilt.

In any relationship there is a strong likelihood of the development of hostile feelings.<sup>11</sup> These may have been expressed as they arose, but more often they are partially if not wholly suppressed, especially with a parent or a spouse where it is considered wrong to express or even feel hostility. Suppressing the emotion, however, does not get rid of it, and when sorrow and a sense of loss are expressed the hostile feelings are likely to be released also. Further attempts to repress the feelings of hostility will interfere with grief work by causing a delay in the expression of grief. To clear the way for the doing of grief work, hostile feelings need to be expressed.

Similarly, guilt feelings are likely to be present.<sup>12</sup> These may be much stronger than the ob-

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11. cf. ante, 91f, 93.

12. cf. ante, 93.





jective circumstances justify, or they may be the result of actual failures and wrong doings during the life time of the deceased. There often is the question as to whether the death may have been due to neglect or to wrong judgment. What ever the cause, feelings of guilt are likely to be present in a lesser or greater degree.

With all emotions, expression is necessary to release tensions, and to avoid converted expressions of it. Following bereavement, expression is particularly necessary to allow for the dissipation of grief, and the doing of grief work. The safest and most socially acceptable way to provide expression for hostility and guilt is through verbalization. This can be done through conversation with a sympathetic and understanding friend, or professionally in counseling situations with a trusted psychiatrist or clergyman.

5. Because of the changes in character, and the release of hostile guilt feelings the bereaved may have a strong fear of insanity.<sup>13</sup> If so he has a deep need for catharsis of the fear of insanity. An individual who has been pleasant and friendly all his life may be very deeply disturbed to find that he has

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13. Erich Lindemann, "Symptomatology and Management of Acute Grief.", 147.





suddenly became irritable, antagonistic, and difficult to get along with. He finds himself possessed of character traits of which he is ashamed, which he considers to be unworthy of himself, and yet about which he is unable to do anything. He is afraid that these traits may be permanent. He may interpret this change as an evidence of approaching insanity.

Instead of hostility the disturbing factor may be guilt feelings. Overcome by real or fancied failures, or wrong doing the bereaved condemns himself bitterly. He considers his friends and family unfortunate for having to associate with such a one as himself. He considers himself hopeless, and he may fully expect to become completely insane. Lindemann<sup>14</sup> reports the case of a young man who lost his wife in the Cocoanut Grove fire, and while trying to rescue her he had fainted. His wife perished, but he himself was saved. Strong guilt feelings overwhelmed him because he had failed to save her, while being saved himself. He greatly feared that if he lived it would be in insanity.

To cope with this fear of insanity it is necessary to release it - to remove it from one's

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14. op. cit., 146.





psychological system. Fear is one of the disrupting emotions.<sup>15</sup> To repress it is not to get rid of it, but to create even greater tensions. To ventilate through facing it and talking about it is to release the tension, and to remove it from the system. To talk about one's fear of insanity is to face the facts realistically, and to discover and accept for one's self the fact that the temporary change of character often caused by bereavement does not constitute a psychosis nor even a severe psychoneurosis which would make one permanently incapable of managing his own affairs. There is not any justification for the fear that the legal term "insanity" applies to their condition.

6. Emancipation from the deceased is a universal need of the bereaved. The acuteness of the need depends upon the meaning which the deceased had for the bereaved.<sup>16</sup> The greater the importance of the role which the deceased had for the bereaved the greater is the need that the individual be given an opportunity to free himself from him. Where there has been heavy dependance on the deceased the bereaved will find it

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15. For physical effects of fear see for example, Walter B. Cannon, Bodily Changes in Pain, Hunger, Fear, and Rage, (New York: D. Appleton and Company, 1929).

16. cf. ante, 71f.





very difficult to free himself. For a man who found in his wife not only a partner, but a mother substitute as well, there will be greater loss when she dies than there would be for another who was psychologically weaned from his mother before his marriage took place.

The emancipation from the deceased is more difficult, also, where the field of interpersonal interaction has been strong. Not only is the individual gone, but the whole field of interaction is gone also. The many ways in which the two had worked together have been broken up. The wife who loses her husband finds that the whole field of joint activity is gone, as well as all the activities in the home which had meaning because they were done for him.<sup>17</sup> If she was closely limited in activities beyond the home this means that a large part of life as she knew it is gone, and only frustration results from her attempting to cling to it. She must emancipate herself from the deceased and from the idea of joint activity with him.

7. The need for security is basic with everyone.<sup>18</sup> This is found to a large extent in being accepted by other persons, especially those with whom one has

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17. cf. ante, 100.

18. Harry S. Sullivan, Conceptions of Modern Psychiatry, 6.





his greatest interpersonal interaction. When this one in whom an individual has found a large share of his security is suddenly removed, then the security itself is threatened, and the individual has need to re-establish it. This would be particularly true of a woman whose whole way of life is threatened by the removal of her husband. Not only has she lost her chief companion, but her support as well. To reestablish herself she will need to build up new relationships which will furnish her security.

8. Another basic need is for satisfaction.<sup>19</sup> This also is found chiefly from acceptance by others. It is, therefore, taken away to a large extent when the main cornerstone in one's constellation of interpersonal relationships is removed. The chief source of satisfaction disappears often times for a man when his spouse, who had furnished the main portion of approval, is removed by death. To gain again the satisfaction which one needs it is necessary to establish new relationships which will do, in part at least, what the now broken relationship had previously done.

9. As a secondary need arising from the last two mentioned is the need for the formulation of new relationships. When a close relationship is broken

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19. Loc cit.





it takes away much of the support which the individual was receiving. It removes much of the security and satisfaction which one had previously enjoyed. To re-establish the support to one's personality thus removed a formulation of new relationships is necessary.

The first new relationship might very well be from a psychiatrist or clergyman who as a professional counselor may for a time assume the role of the deceased and be subject to either the hostility or the affection which was previously being expended on the other. In like manner he might become the one who accepts the bereaved and gives him recognition so that he feels he does have a source of security, and so that he does find satisfaction from the contact.

In the longer range of grief work the support to the bereaved will very likely come from several individuals. The single role held previously by the deceased will be divided among several more casual contacts. The bereaved would not then be as fully dependent on one individual, but would receive lesser support from each of several persons.

10. Another basic need of men is for unity.<sup>20</sup> For the bereaved this means unity of experience. The

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20. Edgar S. Brightman, Religious Values, (New York: The Abingdon Press, 1925), 97.





death of a loved one has broken the continuity and unity of the interpersonal constellation in which the bereaved has become orientated. Now he has need to fit this incident into the larger unity of life's experiences.

11. The need to find purpose in life<sup>21</sup> is closely related to unity, and helps to give a perspective of unity to the manifold activities and incidents of life. The need for the bereaved to see the loss of his loved one as a part of the larger purpose of life is partially derived from the need for unity. The discovery of purpose in the larger life of the universe helps to heal the pain of loss and to remove the thought that in some way this loss is a capricious blow at the bereaved. Likewise a larger purpose in life helps the bereaved to free himself from a bondage to the field of interaction with the deceased, and to establish new relationships.

12. The need for permanence<sup>22</sup> is also threatened by the death of a loved one. That which was an important and large part of one's life has suddenly ceased. A whole way of life with its behavior and

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21. Ibid, 98.

22. loc cit.





activity patterns has now suddenly disappeared. The whole of one's foundation has been undermined, a concept of the unity of experience and a larger purpose in the universe lead to a sense of security through seeing permanence manifested behind and beyond the event of death. A religious concept of immortality makes for a satisfaction of the need to see that life is not fleeting and transitory, but meaningful and permanent.

13. Underlying other needs and a summation of them all is the need to be treated as a person. In dealing with bereavement one is not dealing primarily with a problem, but with an individual who has a problem. The Judeo-Christian religion treats individuals as persons having value and meaning in their own right. They are ends in themselves and not means to another end. This means an emphasis on the importance of interpersonal relationships on the basis of what Christianity calls love.

#### SUMMARY OF CHAPTER

The bereaved person has certain needs that should receive attention. 1) He needs support from others as he has lost one of the very important props which has sustained his psychological life. 2) He needs to accept the pain of bereavement in order that





grief work may be done. That he may release the tensions and emotions which distress him he needs 3) an expression of sorrow and loss; 4) the verbalization of feelings of hostility and guilt; and 5) catharsis of the fear of insanity. Before he can resume a meaningful existence he needs 6) emancipation from the deceased.

The need for 7) security and 8) satisfaction make urgent the fulfillment of the need 9) for the formation of new relationships. The need for 10) unity, 11) purpose and 12) permanence give importance to the ministry made possible by an understanding of religious values.

All of the previous values are subservient to 13) the need which the individual has to be treated as a person who is of value in his own right.





## CHAPTER VII

### THE RESOURCES OF RELIGION

Through the ages religion has striven to meet the needs of men. It has attempted to answer for them the riddles of life. Questions as to the meaning and value of existence, as well as the great problem of evil have been wrestled with and answered in various doctrinal statements. From these answers men have gained courage and strength. From them they have gained a feeling of being at home in a universe which is friendly and makes sense. In religion men have found resources for living.

1) The basic doctrine which has proved to be a resource for living is Belief in God. "Stripped of confusing details, belief in God is acceptance of the basic principle that the universe makes sense, that there is behind it an ultimate purpose."<sup>1</sup> At times men have felt bewildered by what have seemed to be the caprices of nature in storm and disaster. Again they have been overwhelmed by the impartiality in the operation of its laws without regard for human interests or life. Religion has given them a feeling of security

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1. Carl W. Miller, A Scientists Approach to Religion, (New York: The Macmillan Company, 1947), 17.





and significance by asserting that there is purpose in that which takes place, and although the ultimate purpose is not readily ascertainable in certain specific happenings, yet it is there. Back of the physical universe, including man, there is a spiritual power at work.

Furthermore, the Judeo-Christian religion maintains, that the reason operating in the universe stems from a Divine Person who is Ultimate Reality. At the heart of the universe is a dynamic self conscious being with whom men can have a deeper fellowship. In view of this belief one can trust that the events which take place are not meant for his destruction, but in some way carry him on toward some desirable goal.

Another significant factor implied in the belief in God is that here is a source of power to give strength for any situations which may arise in our lives. Human existence is fraught with problems, difficult situations, frustrations, and sufferings. Sometimes these are very severe and disorganizing to the individual. The Judeo-Christian religion brings aid to men by encouraging in them the faith that in God there is a power which is sufficient for all their needs. This power is readily available to all who call upon it. So that no matter what the circumstances it will be within one's ability to face it and to over-





come it. Job in his terrible suffering couldn't give a reasoned answer to his problems, but he could find in God the ultimate source of life.

2) A corollary of belief in God is trust in the ultimate victory of good over evil.<sup>2</sup> "Though the wrong seems oft so strong, God is the ruler yet."<sup>3</sup>

Pain and suffering and sorrow may seem to reign unchecked for a time, but this can be borne when there is faith that in the end good will triumph. One can not see by what course the evil will be overcome, but holding to a belief in a personal God, he makes the leap of faith and trusts where he cannot see. Although he may not see the path to desired ends, he believes there is such an end, and finds security and satisfaction in this trust.

Furthermore, this trust in the ultimate triumph of good over evil leads to an examination of supposed evils to discover whether or not they are the evils they are supposed to be. Cabot and Dicks<sup>4</sup>

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2. Paul E. Johnson, Psychology of Religion, 241.

3. Maltbie D. Babcock, "Thoughts for Everyday Living", (New York: Charles Scribner's Sons, 1901), quoted "This is My Father's World", Pilgrim Hymnal, Boston: The Pilgrim Press, 1931), 434.

4. Richard C. Cabot and Russel L. Dicks, The Art of Ministering to the Sick, (New York: The Macmillan Company, 1936), 91f.





discuss pain as having values which contribute to the physical and spiritual growth of the individual.

Weatherhead speaks of pain as "a safeguard to health and a teacher of nature's law."<sup>5</sup> By warning of conditions that are not right, by stirring the individual to action to clear up the cause of pain; by pushing physicians to research to find its cause, and by teaching persons to bear it and to deal with it, pain contributes to the positive values of life.

Weatherhead<sup>6</sup> discusses also the proposition that death itself is not the calamity it is supposed to be. He describes those who come near death or pass through it as giving all evidences of a peaceful experience. Meland<sup>7</sup> describes a Christian unconcern about death as being willing to have a certain detachment from life. Death is not so much to be feared that one should cling desperately to life.

Christianity has always pleaded for a certain measure of detachment in living. It has said that if we cling too tenaciously to life, life loses some

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5. Leslie D. Weatherhead, Why Do Men Suffer. (New York: The Abingdon Press, 1936), 60.

6. Ibid, 208f.

7. Bernard E. Meland, Seeds of Redemption, (New York: The Macmillan Company, 1947), 111.





of its dignity, and we acquire a desperateness that defeats our purpose to live securely.

If death is not such a calamity then the bereaved need not be so overwhelmed by the event that has come to their loved one.

More than peaceful dying, the belief in immortality takes away the horror of dying. If one believes that his loved one is simply leaving behind the body in which he has dwelt, and going on to live under more favorable circumstances, then, in spite of the pain of separation, he will be prepared to accept it as gain for his beloved and only temporary pain for himself. Under more favorable circumstances he will see his loved one again, and enjoy a fuller, richer fellowship than he has known before. The pain of present loss is swallowed up in a larger perspective which assures one that this is but a momentary setback in the long range of eternity with good ultimately triumphant. A setback, that is, for the bereaved, the deceased has already gained. The bereaved has but to wait until he has fulfilled his mission before he too will be promoted.

3) Another implication of the belief in God is a recognition of the worth of every individual.<sup>8</sup>

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8. Paul E. Johnson, Psychology of Religion, 240.





Sorrow may come and sweep away a meaningful companionship with apparent disregard for the bereaved. The Christian faith however, assures one that this is not the caprice of a fate which utterly disregards him and his feelings. Rather, he is of concern to God as one of his creatures, and his heartache is part of the heartache of God. One's worth is not dependent on outward circumstances, but is an intrinsic value which each one possesses by virtue of his humanity. Furthermore, this value remains in spite of one's failure or sins.

4) An additional resource of religion is the practice of prayer. Johnson<sup>9</sup> demonstrates that prayer arises out of need, and is in the nature of an appeal to an Other for help. The preceding chapter listed some of the needs which the bereaved person has. Any one or all of these might well be the subject for prayer and the motive power moving the bereaved person to pray.

Prayer is made on the assumption that there is a personal God to whom one can pray. God hears prayers and answers them. He is concerned about the needs of the individual and his power is available to help

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9. Ibid, 114





meet his needs. The religious man does not believe that the gain which he experiences from prayer is due to auto-suggestion, but that it is due to an objective reality which responds actually and truly to his petitions.

Buttrick<sup>10</sup> maintains that there are three assumptions which lie back of Jesus' prayers, and that these assumptions are valid today. These assumptions are that man is free, that God lives, and that the world is a place for their fellowship. In spite of the mechanical functioning of so much of the universe in which man lives, he is free to do many things and to make many choices. In grief he is free to deny it, to be embittered by it, or to readjust his life to the world from which the deceased has gone. There is no hard and fast law which determines that one must react in any particular way to the loss of a loved one. Neither is there any such law which says that his loss must go unmitigated. One is free to choose the adjustment which he desires to make, and to choose the help necessary for arriving at his goal. Prayer, for the religious person is choosing the help

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10. George A. Buttrick, "Jesus' Assumptions in Prayer", chIV in Prayer, (New York: Abingdon-Cokesbury Press, 1942), 54-69.





of God.

The assumption that God lives, we have dealt with above.<sup>11</sup> According to the Christian belief, he not only lives, but as a person he is responsive to the concerns and petitions of man, or according to the third assumption listed above, he has fellowship with man in the world. In this fellowship there is an opportunity for man to seek through prayer to enlist help to meet his needs. He seeks help, furthermore, in the full expectation that his quest will be successful. The nature and interests of God are such that he can and will respond.

5) The practice of confession is a further resource which religion has to offer. The confession of one's sins has long been considered as good for the soul. Depth psychology has added weight to the testimony as to the healthy influence of ventilating one's guilt feelings and fears. Emotions repressed build up a tension until finally they force their way out in some distorted form such as psychosomatic disease or mental disorder. By providing a release for fears and guilt feelings confession makes for mental health.

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11. cf. ante, 130.





Confession has been made a part of the required practice for Roman Catholics and is found in the liturgies of some Protestant groups. Public confession was the practice of mid-week prayer meetings of another day. No doubt these had some therapeutic value, but they were likely to be superficial and soothing rather than purging and reconstructing.

With the increased interest in personal counseling on the part of Protestant ministers more opportunity is being given to individuals to confess their guilt feelings. This confession if made at all is made freely, and therefore is more likely to be honest. It is when the individual himself feels the need for release that he of his own free will comes and tells what he needs to release at the moment. He is encouraged in the understanding that to unload his troubled conscience will bring relief, but no coercion is applied to compel him to tell what he wishes to keep secret.

The Protestant clergyman encourages confession, furthermore, by giving verbal and visible assurance that he will not pass judgment upon the penitent, nor will he condemn him. The minister will love the sinner, no matter what his sin, and be concerned only to help him free himself from the bondage of guilt. This may mean making restitution where some wrong has





been committed against another and there is still opportunity to set matters right. This, however, will come not from the coercion of the minister, but from the penitence and deepening insight of the repentant person himself. The minister will help to bring this about by leading the confessor to see that in so doing he will be correcting the cause of his distress. When there is no opportunity to undo the wrong that has been done, or where the feeling of guilt is entirely out of proportion to the wrong done, then there still remains the therapeutic value of release, and the assurance of forgiveness which will be discussed below.

Before leaving the consideration of confession the thought should be added that in confessing to the minister the penitent person can release his guilt feelings in the full confidence that what he says will be kept in strictest confidence. He can confess his guilt and obtain release while at the same time being assured that his fault will not be known abroad. For all practical purposes it is still his secret.

6) If confession is to serve its maximum benefit it needs to be accompanied by the acceptance of forgiveness. Christianity says of it's Lord that "If we confess our sins he is faithful and just





to forgive us our sins, and to cleanse us of all unrighteousness."<sup>12</sup> This belief is very therapeutic in situations where direct corrective action is impractical or impossible. When the bereaved is overwhelmed by guilt feelings, whether real or fancied wrongs done the deceased, there is no opportunity to make restitution. It is too late for corrective action even if the offense was as real as he believes it to have been. His only salvation is to believe that to err is human, and that there is divine forgiveness.

Furthermore, emotional health requires the willingness to forgive oneself. If one continues to blame himself for past failures, real or imaginary, he will bear himself down with a burden which eventually will be his undoing. If, on the other hand, he can accept the idea of divine forgiveness and self acceptance, he is ready to go on to new adjustments and fuller emotional maturity.

7) Another resource which religion has to offer to the bereaved is the availability of the minister. If the illness preceding the death has been prolonged, a faithful minister already will have established a meaningful relationship to the bereaved. When the

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12. I John 1:9, (Authorized Version).





crisis approached he might well have been on hand through the last anxious hours and shared the final blow. During the first moments of numbness following the death he can be a support and a friend.

In case of sudden death either by accident or illness the minister is as near as the telephone and ready to come at the first word. During the first hours of shock he is ready to stand by, to be a listener if the bereaved wishes to express his distress, and to help with the practical problems which arise.

Availability means not only the physical presence, though this is not to be discounted. The psychiatrist must be sought out in his office, an appointment made, and then only a limited time can be given. The minister can arrange his time to be available when needed, and can come to the bereaved. More than that, he is available because he knows his parish and his parishioners know him. Often he will be acceptable when a stranger would not be. The bereaved may already know him as one he can trust, and one to whom he is not afraid to make his hurt feelings and sore spirits known. The minister is often available because before the event he has assumed a meaningful relationship to the bereaved.

In strong grief this meaningful relationship with the minister may be the only one the bereaved has. He may resist attempts to bring him into group activities,





and would shut himself in complete isolation except as the minister does make contact with him. This contact, then, may be the means of eventually bringing about fuller socialization and participation in group activities.

8) Purpose in life is a contribution to life which religion makes as a constant resource for the bereaved. When one's life has been closely tied to another individual and his values centered in him bereavement may seem to take away all values and all purpose in living. This may take away one's incentive for living and make for suicidal tendencies, or at least for a proneness to accidents. It makes for a lack of zest in living and a meaninglessness of one's activities. Religion gives purpose to life.

Christian purpose includes the living of life to the full for its own sake. This is unrelated to business or material success or even to freedom from sorrow and suffering. In fact it might well be the bearing of tribulations and frustrations in a victorious manner. It is the taking of life's experiences as they come and using them to shape one's character and personality into a well integrated life. The bereaved himself is of value in his own person, and in spite of his loss he has a work to do in fulfilling his own mission in life.





9) One's purpose in life may find further strength from religion through its emphasis on the service motive.

A young woman lost her physician husband in the prime of life. She had had everything; a good family, a good home, money, and high social position. After her bereavement she still had all except her husband. Nevertheless, in spite of all her friends could do, she headed for a nervous breakdown. Finally her physician recommended that she find some service project to which she could give her energies. The result was a lay ministry in a rural church with a complete regaining of health and a new enthusiasm for living.

By stressing the service motive religion challenges the bereaved to a new field of worthwhile activity which implies in him a value arising out of his usefulness to others. As a direct result of his grief one may well be in a better position to understand and comfort others who suffer bereavement. Religion teaches him that such a service is of vital importance and that he can well serve his fellowmen and his God by such a ministry.

The service motive goes far beyond the ministry to others in like situation, however. In the church there are practical activities in the work of





organization itself. The educational program of the church requires capable and consecrated workers for the molding of young lives. Committees need workers. The missionary program of the church needs promoters, and for the musical there is the organ and the choir.

Beyond the organization of the church there are civic and community activities for serving one's fellowmen. Service clubs need workers to carry on their activities. Religion furnishes the motivation to service through its emphasis on the virtue and value of giving oneself in creative activity which will bring to others a fuller life. Such service reflects to the server a new purpose in life and a new reason for carrying on.

10) A final resource which religion has to offer to the bereaved is church fellowship. The grief stricken suffers from loneliness, and from the loss of the support of the deceased. Religion offers to him a fellowship where he can find both the companionship and the support which he needs. In the worship service itself he can find the fellowship of the devout who together share a common purpose and a common activity. Here he can feel himself a part of a group where all are united in a common spirit and where he is one with others. Here he is not alone.





Here he has a common cause and a common interaction with a congenial fellowship in a meaningful relationship.

The fellowship of the church is not limited, however, to the worship service. It becomes more intimate and more active in smaller informal groups. In clubs, discussion groups, or socials there is more opportunity for direct interaction with other individuals and with the group. There may be a uniting of the service motive with group activity making for a double therapy to the bereaved.

The fact of being accepted into a group in a church, especially in the smaller informal groups may have great significance in making the individual feel his value and his acceptableness. This might well be true if there have been strong guilt feelings so that the individual needs acceptance as an emphasis of the fact that he has been forgiven. Acceptance by the group strengthens self acceptance.

#### SUMMARY OF CHAPTER

Through the ages religion has developed resources for living and for the meeting of the vicissitudes of life. These are available to the bereaved in dealing with his grief. Basic among them





is 1) belief in God which gives one 2) trust in the ultimate victory of good over evil, and makes for 3) a recognition of the worth of every individual, and becomes immediate in 4) the practice of prayer. There is release in the 5) practice of confession and a new hope for the guilty through 6) the acceptance of forgiveness. 7) The availability of the minister helps bring the other resources to the place of need. 8) Purpose in life is furthered by 9) the service motive and an outlet is found in 10) the church fellowship.





## CHAPTER VIII

### IMPLICATIONS FOR THE PARISH

#### MINISTER

Both the psychological and the religious aspects of this investigation carry implications for the minister in his parish work. If these implications are fully understood and applied the result should be a more effective ministry to the bereaved with a resulting improvement in mental health for those who have grieved. There would undoubtedly be a lessening of the number of casualties which result from the denial of grief and delayed grief work. If the grief work is done adequately and at the proper time there would no doubt be an emotionally more mature people in the parish.

1) The first implication for the parish minister is that he should be faithful in teaching his people what the deeper values of life are. Bereavement comes to everyone sooner or later. Indeed when one remembers that it is much broader than the loss of a loved one by death - that it includes all manner of disruption of fields of interpersonal interaction and even the loss of familiar objects and places, - then the importance of preparing people to meet it becomes more evident. When death suddenly breaks a very happy marriage it is doubly hard to teach the bereaved a





healthy emotional attitude toward death and the shocks of life. The preparation for facing frustration and loss rightfully begins in the earliest years, and continues throughout life.

The development of a clear purpose in life is fundamental in the structure of a wholesome teaching program. As it pertains to oneself this purpose to be emotionally maturing would indicate that life is more than a series of events and more than the outcome of any particular event. Frustrations are unavoidable, but the mature person learns to handle them and to overcome them. The significant factor in developing one's character is not what happens to one, but what one does with what happens to him. This would mean a certain freedom in life because one refused to cling too tenaciously to life. Over anxiety about the loss of the familiar leads to neurotic conditions, while faith in the ultimate triumph of good over evil leads to growth in emotional adequacy.

To the Christian who believes in God a belief in the ultimate triumph of good over evil is logical. This is doubly reassuring when the worth of the individual person is taken into consideration. If the individual has value and worth in his own right, then the events which beset him are secondary and need not be over concerning. When one adds to this a belief





in immortality then death itself does not become such a frustrating experience. It is an incident, natural and necessary in one's progress through life. The purpose of life for one's self is to spend one's life on earth in such a way that he grows spiritually, and thus is prepared not only for his own approaching death but for the death of his loved ones, who at death, then, are not gone, but gone before.

Purpose in living besides developing one's own maturity is for the Christian based on the social motive. When one's avowed and actual goal is to be of maximum service to others, then experiences which effect his own personal prestige are likely to be less disturbing. This contributes to emotional maturity, in that it does lead one to holding a less tenacious attitude toward life, and therefore avoids over anxiety. It enhances one's feeling of personal worth as he realizes he is not living for himself alone, and as he feels that he is following out the purpose which God has for man according to Christian teaching. The pastor who teaches his people these basic Christian truths is preparing them before the event to be emotionally mature, and enabling them to meet bereavement better prepared to cope with it.

2) With teaching also is implied being faithful in inculcating religious practice. The practice





of prayer is the only way to make prayer a familiar experience. When a crisis arises those unaccustomed to it may turn to prayer, but the chances of their doing so are less than for those who are trained in prayer and for whom prayer is a familiar pattern of behavior. Furthermore, the chances that prayer will have meaning and will be helpful to the one who prays are much greater for the one who is familiar with it than for the one who comes to use a strange tool with only a vague notion as to how to use it or as to what results he might expect.

The cultivation and practice of prayer with careful preparation so that prayers offered in the worship services express the needs of the group will go far in making prayer real and familiar to the members of the group. Furthermore, the practice of using prayer in significant instances during pastoral calls and other contacts will teach persons to use it as an accepted means of gaining strength and developing toward maturity.

The entire worship service contributes to the emotional and intellectual development of the individual and prepares him for the shocks and frustrations of life. It helps him to feel the larger framework of life that sustains him. Likewise it removes the isolation which sometimes makes men feel that they





are alone in a hostile world. The minister who is faithful in religious practices prepares his people for the traumatic experiences of life including the loss of loved one through death.

3) The minister ought to be also, an organizer of fellowship. The bereaved suffers more acutely from grief if his contacts have been limited to the deceased than if he has a wider association. The more he has learned to find his satisfactions and security in a wider group of interpersonal relationships the better supported he will be when he is bereaved. More of his former life will remain stable with a smaller segment of the familiar being removed. Less of the field of interaction which he has built up with other persons will be destroyed at once.

The individual who is accepted as an active member of a group fellowship finds an implied value in his life. The very fact that he is accepted by this group signifies that he must be of some worth. Thus when the bereavement occurs and there is a tendency to feel that one has been treated as inconsequential in the scheme of life he has contrary evidence from the fellowship of the group.

After bereavement, furthermore, one who is established as a member in the fellowship of a group will find sympathetic listeners to whom he can express





his grief, and who individually will furnish innumerable opportunities for reviewing the former relationship with the deceased. The extended number of listeners thus made available will contribute considerably to the ventilation of feelings.

The parish minister will therefore do well to be an organizer of fellowship so that each member of his parish may have some group with whom he can feel at home. This would naturally center in the main worship service of the church, but would need also to be carried out through smaller, more informal groups where the interpersonal interaction would be more free. Young peoples groups, women's groups men's groups, and young married couple's groups are some of these possibilities.

4) Another implication of the preceding study is that the minister should be always available to his parishioners. The bereaved's greatest need comes immediately upon bereavement, and continues to be acute during the first few days and weeks especially. If proper grief work is done at this time the minimum of grief will be experienced. If the minister comes immediately after the death of the loved one the bereaved has an opportunity to express to him all his feelings of loss and pain. He can repeat to the minister the details of the event of the death and by so doing





help to establish an emotional acceptance of the reality of his loss.

The minister can encourage the expression of grief and the acceptance of the pain which it brings. Whereas a psychiatrist would be unavailable unless the bereaved took the initiative in seeking him out and making an appointment, the clergyman should come of his own initiative and make himself completely available to any use which the bereaved may choose to make of him. The psychiatrist is limited, too, to one or possibly two hours a week. The minister can be generally available when and where needed, giving more time at the crisis of bereavement.

Availability goes beyond merely being present. One may be with the bereaved, and not be available because of the unwillingness of the grief stricken to accept the would-be-counselor into his confidence. There must be rapport established between the minister and the one whom he would help. The psychiatrist has the advantage over the minister to the extent that those who come to him consciously, do so that they might receive help. Even so, the psychiatrist usually will have many interviews in winning the confidence of his patient before he can get to the basis of the problem presented. The clergyman often goes to one who does not have the clearly formulated needs the





psychiatrist's patients do. Therefore his task of gaining the parishioner's confidence to the extent that the proper release of emotions will take place is likely to be a much more difficult task than the psychiatrist's

The minister, however, has the possibility of overcoming the above mentioned handicap before the event. Through pastoral calling and parish activities he has an opportunity to know and to be known. By being in the home he may have had an opportunity to help the individual in lesser ways, and to establish in the individual a belief that he is interested in him and worthy of trust. He may well have taken on a definite meaning for the one now bereaved until the latter is willing to accept him in full confidence as one who will not pass judgment nor condemn, but will stand by as a trusted friend in time of need.

5) It is important, also, that the minister remember that to many people he stands as a symbol of God. He represents the concern of God for the suffering and sorrow of the bereaved, and in this role he may bring comfort and strength.

On the other hand, however, he also represents God against whom the bereaved may have feelings of hostility for causing, or at least allowing, the death of the loved one. Thus the minister should be pre-





pared to accept an expression of hostility directed at God of whom he is the tangible representative as far as the bereaved is concerned. If the clergyman realizes the larger implications of his relationship to the bereaved, he will be prepared to minister more adequately to the needs of the bereaved.

6) It is important further that the parish minister be a responsive listener. It is not enough that the minister be available. He must discover the proper techniques and the proper procedures. When one is bereaved the time for teaching is at least temporarily past. The time for exhortation may be both past and future, but not present. Cross questioning should always be left to lawyers. Reassurance at this time would be premature. Advice to avoid thinking about one's loss would be erroneous. The bereaved needs a listener to whom he can express his feelings and with whom he can work through to an acceptance of the fact of his loss, and eventually to an adjustment to an environment from which the deceased is gone.

Responsive listening is the art of eliciting from a distressed person a discussion of the problem which is causing him to be emotionally tense and disturbed. It is designed to encourage the distressed to do most of the talking while at the same time the counselor carries his share of the burden of keeping





the conversation moving. He does this in part by the response he makes to the subject, but also in part by being alert and showing that he is interested. If the individual is one who is expressive the minister might not need to say so much, but if the person does not wholly accept him as a counselor he may need much tactful leading to bring about release. The establishing of rapport is the first step and one which comes from confidence rather than from prying questions or pious exhortation.

As the term indicates, responsive listening is primarily a process of listening to what the individual has to say, but in an active way which indicates that the listener is reacting to that which he is being told and has a genuine interest in it. This type of listening gives especial attention to the feeling content more than to the intellectual ideas expressed. Such direction as the minister gives to the conversation is done subtly through the responses he makes to the statements of the bereaved. By accepting and restating what the bereaved has said one encourages him to think further about it, and to elaborate on the subject. By asking for an explanation of the previous statement one may obtain further development and emotional release. By adding one's own appreciation of the deceased to what is expressed





by the bereaved encourages further elaboration by the grieving person. The key point of this counseling method is that the center of attention of both the minister and the bereaved shall be focused upon the bereaved's expression of his feelings.

7) A further implication is that the minister should be supportive and understanding. The bereaved who has lost the one individual with whom his closest fellowship rested has lost the main support of his life. If the deceased had been an only support the collapse of the bereaved is quite certain, with lesser degrees of breakdown of personal adequacy arising from lesser losses of behavior patterns. The minister can be supportive to the weakened personality structure in proportion to his understanding of the bereaved's needs and to his availability in terms, not only of presence, but of acceptability to the grieving person.

Understanding is necessary if the minister is to be effective in reaching the bereaved, especially those more seriously affected by their loss. To be able to give maximum support in time of emotional upheaval the minister should understand that this is not a character weakness but a usual and necessary psychosomatic reaction, which is to be encouraged rather than suppressed. He needs to understand that certain personality traits do take place especially in acute





grief and that the individual may very well become restless and aimless in his behavior. Hostility may be manifest at the world in general or at some person in particular - possibly the minister himself if he comes to have a role which elicits hostile feelings. The minister needs to understand these reactions, to realize that they are only temporary, and to accept the individual in spite of them. It may well be that he will need to interpret some of this to the bereaved if he recognizes a change of character and becomes overly upset about it.

A further point which needs to be understood and considered is the rise of guilt feelings and the method of their release. These may arise either from actual wrongs, or from fancied wrongs, and may be out of all proportion to the facts. An opportunity to discuss them and express them will help to relieve the tensions developed and lead to insight as to what the true situation really is. The minister must realize the need for full release and the development of insight before he urges the acceptance of forgiveness. In all the dealings with guilt feelings there must be full understanding and a bearing which indicates sympathy and acceptance. Any suspicion on the part of the bereaved that he is being condemned will very likely prevent the release of guilt feelings and the





development of new insights. The feeling that the minister understands him and is supporting him will be of great significance to the bereaved.

8) Beyond the ministry to the recently bereaved this study implies a need for the parish minister to be aware of the symptoms of unrelieved grief. Problems which seem to be entirely different may be due to grief which has not ever been worked through. One who was very active in a religious fellowship as a young person and young adult in later life found herself unable to maintain her interest in religion even though consciously she sought to do so. When her husband and then finally her mother died it turned out that her grief was primarily for her one and only child which had died soon after birth, and that her failure to work out her grief at that time lay at the root of her inability to become interested in religion.

What appears to the minister as a marital problem may be basically a failure on the part of one or the other party to do grief work. All kinds of disturbed social relationships may be based on character traits which have arisen out of unrelieved grief with resulting distortions of activity. If a psychiatrist is not available the minister might well work as a teammate with a physician in the treatment of psychosomatic disorders resulting from unrelieved





grief, if he is aware of the symptoms and dynamics involved.

9) A final point that this study brings out is the implication that the parish minister has a need to be co-operative with the psychiatrist. To begin with he can learn much about the nature and treatment of grief by discovering what the psychiatrist has learned about its treatment. The psychiatrist has techniques and methods which enable him to discover dynamics of personality reactions which the minister will do well to consider.

In working with the bereaved the field of operation of the minister and the psychiatrist overlap considerably. In the usual grief cases the minister will probably be the one to hold sway because of his availability. Persons whom the minister cannot reach because of his religious profession making them ill at ease may be sent to a psychiatrist. More acute grief reactions will probably be better in the hands of a psychiatrist who can apply his special techniques to the task of reaching the deeper dynamics involved.

Where there is an excessive amount of guilt feeling involved the minister would do well to turn the case over to a psychiatrist who could hospitalize the individual and use medication or shock therapy to thwart suicidal tendencies.





A good working relationship between a minister and a psychiatrist could work to their mutual advantage and to a more adequate meeting of the needs of the bereaved.

#### SUMMARY OF CHAPTER

From this study certain implications for the parish minister evolve.

1) Since many religious beliefs have developed which lead to meeting life's shocks in a more emotionally mature way the minister should be faithful in teaching his parishioners what these beliefs are.

2) Religious practices have also been found to have maturing as well as therapeutic effects on those who participate in them, so a minister should be faithful in leading his people in them.

3) Individuals who have a wide range of interpersonal interactions suffer less from bereavement, and the bereaved need the support of other people, so the minister should be an organizer of fellowship.

4) The bereaved should have help immediately after their loss and constantly for several days thereafter and the minister should always be available to them.

5) The minister has a special role as a representative of God, which means that he may expect





a stronger reaction either of acceptance or of hostility.

6) Because the big need of the bereaved is for expression of their loss and the release of emotional tension the minister needs to be a responsive listener.

7) In order that he might be accepted by the bereaved the minister needs to be supportive to the grief stricken, and understanding of personality traits and changes which may arise from grief.

8) Since many personality and social problems arise from delayed grief work or distorted grief reactions the minister needs to be aware of symptoms of unrelieved grief.

9) Many grief reactions are too severe to be handled by the minister and need specialized care. Therefore the minister should be co-operative with the psychiatrist that the two may form a team to best serve the needs of the community.





## CHAPTER IX

### SUMMARY AND CONCLUSIONS

#### I SUMMARY

1. Religion has long been concerned with the phenomena of death and has established customs and rituals to mitigate the impact of bereavement upon the lives of the survivors. These rites possess psychological value far beyond the understanding of many of the persons using them.

2. Pastoral literature dealing with grief is based on theological assumptions and pastoral consolation. The presence of God to strengthen the bereaved and to share his sorrow, and the doctrine of immortality are the relevant points in theology.

3. Questionnaires show that there is a need for clergymen to gain a deeper understanding of the psychological implications of grief work.

4. Some psychologists treat grief as part of the larger general picture of depression, but others who have made extended studies of it find distinguishing characteristics which set it apart as a problem in itself.

5. Grief is generally (1) a broken interpersonal relationship which results in (2) the bereaved having a static image of the deceased. (3) This





results in a strong emotion which (4) may be intensified by ambivalent feelings toward the deceased. (5) These ambivalent feelings, in turn, may be a causal factor in producing guilt feelings.

6. Certain patterns of grief reactions have been observed. Uncomplicated reaction includes (1) a certain somatic syndrome together with (2) an increase in activity, and (3) with a loss of behavior patterns.

7. There may be a delay of grief reaction, which commonly leads to some form of distorted reaction.

8. There may be distorted grief reactions. This may include (1) overactivity without a sense of loss, (2) the acquisition of symptoms or behavior belonging to the last illness of the deceased. (3) a psychosomatic disease, (4) a change in one's relationship to friends or relatives, (5) hostility toward a specific person, (6) a "woodenness" of emotions, (7) a pattern of self-punitive behavior, or (9) agitated depression.

9. The bereaved person has certain needs that should receive attention. (1) Since he has lost one of the important props of his life, he needs support from others. (2) In order for grief work to be done he needs to accept the pain of bereavement. (3) To





release the tensions which distress him he needs an expression of sorrow and sense of loss, (4) the verbalization of feelings of hostility and guilt, and (5) catharsis of fear of insanity. Before he can resume a meaningful existence he needs (6) emancipation from the deceased. The need for (7) security, and for (8) satisfaction make urgent the need for (9) the formation of new relationships. The need for (10) unity, (11) purpose, and (12) permanence give importance to the ministry made possible by an understanding of religious values. The need for (13) being treated as a person who has value in his own right is inclusive of the above needs.

10. Through the ages religion has developed resources for living and for the meeting of the vicissitudes of life. These are available to the bereaved in dealing with his grief. Basic among them is (1) belief in God which gives one (2) trust in the ultimate victory of good over evil and makes for (3) a recognition of the worth of every individual, and becomes immediate in (4) the practice of prayer. There is release in the (5) practice of confession and a new hope for the guilty (6) through the acceptance of forgiveness. (7) The availability of the minister helps bring the other resources to the place of need. (8) Purpose in life is furthered by (9) the service





motive and an outlet is found in (10) the church fellowship.

11. From this study certain implications for the parish minister evolve. (1) Since certain religious beliefs have developed which lead to meeting life's shocks in a more emotionally mature way the minister should be faithful in teaching his parishioners what these beliefs are. (2) Religious practices have also been found to have maturing as well as therapeutic effects, and so the minister should be faithful in leading his parishioners in them. (3) Since individuals who have a wide range of interpersonal relationships suffer less from bereavement, and since the bereaved need the support of other people, the minister should be an organizer of fellowship. (4) The minister should always be available to provide the help which the bereaved needs immediately after his loss. (5) When the minister comes it should be with the recognition that he is a special representative of God and may expect a stronger reaction either of acceptance or of hostility than might otherwise be the case. (6) Because a big need of the bereaved is to express his loss and to release emotional tension, the minister needs to be a responsive listener. (7) In order that he might be accepted by the bereaved the minister needs to be supportive to the grief stricken





and understanding of personality traits and changes which may arise from grief. (8) Since many personality and social problems arise from delayed grief work or distorted grief reactions the minister needs to be aware of the symptoms of unrelieved grief. (9) The minister needs to co-operate with the psychiatrist to bring adequate care to grief reactions too severe to be handled by himself.

### CONCLUSIONS

Grief is a strong emotion which comes with varying degrees of intensity to all people. In its more acute forms it becomes highly destructive of personality values, and becomes a serious problem to the individual. While it arises primarily and most acutely from death, it also arises from other separation from the familiar, and thus is to be looked for far more often than might be thought to be the case.

The psychodynamics of grief have not been understood by many people in the past, and as a result methods of dealing with it have been uncertain. Nevertheless, religions have developed rites which have had much psychological value in them. In our modern culture, however, there is still much need for improved understanding and therapeutic practice in relation to grief. Religious attempts at comfort, and its emphasis





on immortality have often been pre-mature. As a result the expression of grief has been delayed and then distorted in many persons. To meet this situation and to better prepare all persons to meet grief there is need for a fuller understanding of the psychology of grief, and grief work.

That grief is an emotion resulting from a break in the familiar, primarily and most acutely from a broken interpersonal relationship, is a point which any counselor or minister should realize. Thus grief is a dynamic force operating in the lives of multitudes of people. It may come in various guises, especially if it has been present and unrecognized for a period of time, yet it is there as the instigator of varied and often destructive psychological situations. The cause of the instability back of a marital problem when traced back to its source may prove to be unrelieved grief.

Recognizing grief for what it is is further important that the necessity for grief work be understood. It may seem to the clergyman as if he were being kind in giving comfort and consolation to the bereaved, but he may be contributing to the delay of grief work and ultimately to distorted reactions. The first essential is for helping the bereaved to face his loss and to undergo the pain of grief work. By





accepting the fact of loss and going through the discomfort of it, the tensions and emotions connected with the loss are successfully released, and their threat to psychological health is dissipated.

An understanding of grief and grief work should lead not only to a better therapeutic work at the time of bereavement, but should also make for a better program for the development of emotional maturity. They are willing, not only to accept the pain of grief, but to give expression to the emotions to the extent that emotions will be relieved. If the burden of sorrow is too much for them to bear alone they are prepared to seek help, both through a willingness to be helped, and by a knowledge as to where it may be found.





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**THE PLACE OF GRIEF WORK IN MENTAL HEALTH**

**Abstract of a Dissertation**

**Submitted in partial fulfillment of the requirements**

**for the degree of Doctor of Philosophy**

**BOSTON UNIVERSITY GRADUATE SCHOOL**

**By**

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The central problem of this study arose from the fact that some psychiatrists in studying certain psychosomatic diseases discovered that unresolved grief seemed to be a major etiological factor. Upon further study they discovered that grief is a traumatic experience of much more consequence than generally had been supposed by either laymen or professionals who deal with bereaved persons. It is the purpose of this study 1) to discover the psychological needs of bereaved persons and 2) to discover what resources religion has for meeting these needs.

The thesis of this study is that clergymen have a key relationship to many bereaved persons, and, if properly trained, are in a position to help them do the necessary grief work. However, clergymen, as a whole, are unaware of the psychological needs which the bereaved have, and are inadequately prepared for their task. This study seeks to bring together psychological understanding of the needs of the bereaved and the resources of religion which the clergyman has at his disposal.

The literature in this field is limited as grief has not been studied extensively. Psychiatrists have had some experience in dealing with distorted grief reactions due to unresolved grief, but little has been done with immediate uncomplicated grief





until recently. Religious literature is mainly theological in its approach, and serves psychological needs without any apparent awareness as to what the needs are or how they are being met.

The study begins with a survey of historical religious practices pertaining to burial and grief reactions. The theories back of many of these practices would be questioned by the scientifically trained, but the practices themselves served practical psychological purposes. A questionnaire study made by Rollin J. Fairbanks, Director of the Institute of Pastoral Care, shows that many modern clergymen have an inadequate conception of the grief work which needs to be done immediately. Orthodox Judaism achieves much good psychological work in its customs and rituals, as do some Protestants in their modern use of the wake.

The second phase of the study is an examination of pertinent psychological literature. Studies in melancholia, depression, and psychosomatic diseases helped to delineate the field. They showed some of the results of unresolved griefs and marks of distinction between acute grief and these other maladies. Lindemann's studies in bereavement clarified the picture in uncomplicated grief, showed the usual reactions to it, and indicated therapeutic measures which were effective in rehabilitating the bereaved. Fuller





development of the picture is obtained by personal interviews with three psychiatrists and a pastoral psychologist.

Material obtained from psychological sources consists of three investigations. 1) The first is the psychodynamics of grief. This is an analysis of grief to show what it is. 2) The next phase is an examination of the ways in which the bereaved react to grief. 3) The final factor is a discussion of the psychological needs which bereaved persons have. This prepares the way for a consideration of appropriate therapeutic measures.

A more detailed analysis of the above classifications gives a fuller story. In the psychodynamics of grief the following factors are found. 1) A broken interpersonal relationship is the basic factor, and the one from which the others derive. This is most clearly seen in death, but is also present in many other separation situations. 2) The presence of a static image of the deceased is present in uncomplicated grief. If it is suppressed the result is delayed and probably distorted grief reaction. 3) Another factor to be considered in grief is that it is an emotion. There is a distressing disturbance which is painful to the bereaved. The strength of the emotion is determined by the meaning which the deceased had for the bereaved.





4) Ambivalent feelings are also present in most bereavements. In some instances either the negative or positive feelings may be minor, but often both are strong enough to cause complications. Interpersonal relations even with a parent or spouse contain elements both of love and hate. When bereavement releases the love in grief it is apt, also to release the antagonism which is present but may have been suppressed. (5)

Guilt feelings are usually present as part of the psychodynamics of grief. They may be very intense though there is no foundation in fact for them. There may have been actual failures or abuse of the deceased, but the guilt feelings may be out of all proportion to the actuality. Another source of guilt feelings may arise out of hostile feelings which during the life of the deceased have been completely suppressed, but now have been released into consciousness, and of which the bereaved is thoroughly ashamed.

An analysis of the reactions to grief shows that the first and most obvious one is 1) a certain somatic syndrome. This includes difficulties in breathing and a feeling that all is not right with the digestive tract. There is a feeling of exhaustion, and a subjective distress described as a mental pain or tension. 2) A second factor discovered in the reaction to grief is an increased activity. Restlessness, continued move-





ment and a rapidity of movement are noticeable. 3) While there is the increase in activity, however, there is also a loss of behavior patterns. The ability to initiate behavior may be lost. Even the ability to find meaning in daily routine is undermined. 4) There are individual differences in reaction to grief. The meaning which the deceased had for the bereaved is a very vital factor in determining the intensity of the reaction. Also important are the number of other contacts which the bereaved has, and the vitality of the former interpersonal reactions between the deceased and the bereaved. 6) Morbid grief reactions may take various forms. 1) There is first a delay of reaction and then ii) one of various kinds of distorted reactions.

Needs of the bereaved include the following.

1) There is strong need for support from others. This may be taken care of informally by the interest and sympathy of friends or it may require the professional care of a counselor. 2) The bereaved needs to accept the pain of bereavement. To avoid delayed and distorted reactions it is essential that grief work be done immediately after loss. 3) There is further need that the bereaved express his sorrow and sense of loss. 4) Similarly there is need for the verbalization of feelings of hostility and guilt and 5) for the catharsis of the fear of insanity. An emotion needs to be released, and





the best form of release is verbal expression. 6) Emancipation from the deceased is a universal need of the bereaved. While the need for 7) security and 8) satisfaction give rise to the need for 9) the formulation of new relationships. More basic needs are for 10) unity of experience, for 11) purpose in life, and for 12) permanence in the structure of life. Underlying other needs is 13) the need to be treated as a person.

Religion has certain resources for meeting the needs of the bereaved. Belief in God and its corollaries give the individual feelings of security and value, while the practices of the church allow for confession and resolution of emotional tensions at a time when the need is greatest. The fellowship of the church allows for the formation of additional interpersonal relationships.

The fact that these resources are available holds the implication for the minister that he know both the needs of the bereaved and the resources of religion, and that he be instrumental in bringing the two together.

General conclusions reached in this study are:

- 1) Grief is a strong emotion arising from broken interpersonal relationships which comes with varying degrees of intensity to all people.
- 2) Attempts to deal with grief in the past have been partially successful in establishing emotional health, but there have been many failures resulting in distorted reactions. Religious





attempts at comfort and its emphasis on immortality have often been premature. 3) The minister who knows the psychological needs of the bereaved has resources in his religion which enables him to be of assistance in helping the bereaved to do grief work and to attain emotional health.







WILLIAM FRED ROGERS  
was born in Ferndale,  
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27, 1909, the son of  
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Washington, and in  
the high schools there

and in Buhl, Idaho. After one year in the College of  
Engineering at the University of Detroit and three years  
in Hillsdale (Michigan) College, he received his A. B.  
degree from the latter in 1934. His B. D. degree came  
from Andover Newton Theological School in 1937.

Ordained to the Congregational-Christian ministry  
in 1937, he served parishes in Hyde Park and Bradford,  
Vermont before entering the chaplaincy in the United  
States Naval Reserve where he served for twenty months.  
Following release from the Navy he served a student  
parish in East Boston before going to his present parish  
in Amherst and South Merrimack, New Hampshire.

Ruth Evelyn Anderson became his wife in 1937, and  
their daughter Phyllis Noreen was born January 23, 1940.

















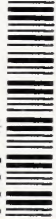
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